SWACH Quality Improvement Strategy

Updated 1/10/2021

Purpose

Southwest Washington Accountable Community for Health (SWACH) has developed this document to guide its approach toward continuous quality improvement, both internally and for partnering providers across the region. This Quality Improvement Strategy outlines SWACH's commitment to the Institute for Healthcare Improvement (IHI)'s science of improvement methodology and how this will translate into partner requirements for regular reporting and engagement in learning communities throughout the Medicaid Transformation Project.

COVID-19 Update: Since March 2019, all activities have been adapted to the virtual setting. While the capacity of our partners has fluctuated over the last 10 months as they respond to and support our community during the pandemic, we have seen considerable engagement and appreciation for continuing the services outlined below in a virtual setting.

Expectations for Partnering Providers

To support continuous quality improvement, SWACH's partnering providers are expected to:

- Develop project action plans on a common template provided by SWACH which uses the science of improvement concepts as its framework. These project action plans are attached to each partner's binding agreement with SWACH. See Attachment 1.
- Use the SWACH virtual Learning Community to collaborate with partners and share best practices in the spirit of rapid cycle improvement.
- Report progress on action plans quarterly, and revise action plans at least annually to address course correction based on tests of change and/or the changing environment.

These expectations are consistent for all of SWACH's partnering providers, both clinical and community-serving organizations. Other expectations vary by partner type:

- Clinical partners (traditional Medicaid providers) have more robust scopes of work, with a particular focus on behavioral and physical health integration, opioid use disorder treatment, chronic disease management, and care coordination. Clinical partners are required to participate in SWACH-sponsored trainings and learning collaboratives, such as the Integrated Care Collaborative. They are also required to demonstrate progress in behavioral and physical health integration and delivery system changes that SWACH expects will impact the Pay for Performance (P4P) measures.

- Community-serving organizations (non-traditional Medicaid providers) have scopes of work that are targeted toward increasing capacity to partner with the healthcare delivery system and community resources to improve community-clinical linkages that contribute to a whole person continuum of care.

Regional Framework to Support Partners

SWACH provides infrastructure that supports regional transformation activities through a coordinated and standardized approach using the science of improvement as a common vehicle for change. The infrastructure consists of program staff trained in science of improvement methodology; a full-time staff position to coordinate and integrate quality improvement tools across all of SWACH's transformation activities; and a common virtual space that can be used across all partners.

Quality Improvement Infrastructure

Program Staff Competencies

- Facilitation
- Standard project planning using science of improvement-based principles and templates
- Coaching
- Promoting peer-to-peer learning
- Developing and implementing training events
- Use of virtual tools for distance learning

The Science of Improvement is an applied science that emphasizes innovation, rapid-cycle testing in the field, and spread to generate learning about what changes produce improvements in which contexts.

It is characterized by the combination of expert subject knowledge with improvement methods and tools. It is multidisciplinary – drawing on clinical science, systems theory, psychology, statistics, and other fields

Full-time Transformation Improvement Director

- Develops and coordinates improvement training and the use of quality improvement tools and templates across all SWACH activities
- Provides coaching and expert consultation for SWACH staff and partners in use of quality improvement tools such as developing charters, aim statements, measures of success, and PDSA cycles.

SWACH Learning Community (virtual)

- Subscription to Healthier Washington Collaborative Portal
- Dedicated SWACH FTE to support staff and partners in using the Learning Community
- Promotes use of quality improvement tools for staff and partners:
    - Share lessons learned
    - Ask questions of peers
    - Find calendar of training events
    - Submit reports
    - Access recommended quality improvement tools and resources

See Attachment 2 for screenshots of the SWACH Learning Community, or visit https://waportal.org/partners/home/swach

Quality Improvement Products and Services

SWACH provides products and services that support partners in using science of improvement tools to accelerate system changes to achieve the Medicaid Transformation Project goals (see Table 1 below). All organizations who are interested in participating in SWACH activities are eligible for some services and products, while some are limited to funded partners only (see Table 2 below).

Table 1: Description of SWACH Quality Improvement Products and Services

SWACH Learning Community	Provides a virtual space to support SWACH partners in the implementation of transformation activities. The Learning Community serves as a place for partners to collaborate, learn from each other, and find resources to accelerate health system transformation.
Standard Improvement Project Templates	Includes templates for developing improvement charters, statements of work, aim statements, PDSA cycles, measures of success, and quarterly reports.
1:1 Coaching	SWACH staff support partner organizations in use of standard improvement project templates, and course correction when project milestones may not be achieved.
Learning Collaboratives	Time-bound innovative structured learning initiative that combines the transformation topic, science of improvement, and peer-to-peer learning to accelerate system changes. Current Learning Collaborative descriptions in Attachment 3.
Facilitation	SWACH staff provide facilitation for multi-organization partnership activities and for SWACH governance committees, including development of improvement project charters, aim statements, and measures of success.
Regional Training Events	Provides funding, event planning, technology, and content for trainings offered region-wide, both in person and virtual.

Table 2: Partner Eligibility for SWACH Quality Improvement Products and Services

Partner Category	SWACH Learning Community	Standard Improvement Project Tools	1:1 Coaching	Learning Collaboratives	Facilitation	Regional Training Events
Blue	Required	Required	Eligible	Eligible	Eligible	Eligible
Red	Required	Required	N/A	N/A	Eligible	Eligible
Green	Eligible	Eligible	N/A	N/A	Potential	Eligible
Orange	Eligible	Eligible	N/A	N/A	N/A	Eligible

Partner Categories

Blue: partners in binding contracts for behavioral health / physical health integration, opioid activities, the Integrated Care Collaborative, the Equity Collaborative, and/or Multidisciplinary Health Engagement Team pilot.

Red: partners in contract to provide Pathways (Care Coordinating Agencies)

Green: community serving organizations who are engaged in developing non-traditional partnerships that contribute to Medicaid Transformation Project goals which may lead to future Medicaid Transformation Project partner funding.

Orange: any organization in the SWACH region who is interested in participating in SWACH Medicaid Transformation Activities, including the SWACH Learning Community, governance/advising committees, and/or regional trainings.

Monitoring Transformation Efforts

Partner Reporting

See Attachment 4 for Partner Reporting Guidelines.

Baseline Reporting: SWACH is collecting a baseline report from each partner upon completion of a fully executed agreement, due within 15 days of fully executing the agreement. This report is intended to collect baseline information on the Pay for Reporting (P4R) measures that SWACH is required to collect from clinical and community-serving partners and report to the Health Care Authority. See Attachment 5.

Quarterly Reporting: SWACH's primary mechanism to monitor partner progress on Medicaid transformation activities are quarterly progress reports, which SWACH is requiring from all partnering providers who enter into binding agreements. Quarterly progress reports are tailored to specific agreements between SWACH and its partners, and reporting requirements will vary among partners depending on their scope of work. Reports will include a combination of:

- Narrative describing progress toward Medicaid transformation projects in the prior reporting period. This includes: a description of any significant efforts or accomplishments toward a partner's milestones according to their work plan; an explanation of any change in work plan during that period; any challenges encountered or anticipated; and what additional training and technical assistance is needed to meet the milestones.

- An attestation of progress on relevant transformation project milestones during that reporting period, along with any supporting documentation as described in the binding agreement. For example, SWACH may request a copy of new policies or workflows that are adopted by partners.

- Measures related to partners' transformation activities, as defined in the scope of work. These include, at minimum, any relevant HCA-required P4R measures and may also include process or quality measures, or output or outcome measures related to a partner's specific transformation activities.

Some elements are included in each quarterly report, others may only be asked annually or semi-annually. Clinical partners are asked to report some measures at the practice level to meet HCA specifications, and other project narrative or attestation may also be practice/site specific. Community serving partners are asked to report at the organization level.

Quarterly progress reports are submitted online to SWACH on the 15th of the month after each reporting period.

Changes to Reporting

Due to COVID-19, SWACH reduced reporting burden on its partners by transitioning from quarterly reporting to bi-annual reporting. Payments are still disbursed on a quarterly basis.

Year 1 (2019)

Reporting Period	Report Due Date
April – June 2019*	July 15, 2019
July – September 2019	October 15, 2019
October – December 2019	January 15, 2020

Year 2 (2020)

Reporting Period	Report Due Date
January – June 2020	July 15, 2020
July – December 2020	January 15, 2021

Year 3 (2021)

Reporting Period	Report Due Date
January – June 2021	July 15, 2020
July – December 2021	January 15, 2022

*SWACH assumes an April 2019 start date for all Year 1 (2019) activities, regardless of when partner binding agreements were fully executed. SWACH recognizes that some partners may have started activities prior to April and others may not have begun work until their agreement was fully executed, which may be after April.

Reports are considered complete if all requested information is provided in enough detail for SWACH to monitor a partner's progress toward their scope of work. This may include information requested in the quarterly report template, as well as additional clarification or documentation.

How SWACH will use these reports

As part of its monitoring activities, SWACH will compile partner reporting each quarter. Summary reports, including whether partners have successfully submitted reports, whether partners have successfully included required Pay for Reporting (P4R) measure responses and general themes and concerns from the narrative reporting will be created and shared with staff and leadership. These reports will enable SWACH to identify partners at risk of not meeting agreed-upon milestones in a timely fashion and curate emerging promising practices and lessons learned that can be spread across the region.

Some project specific content from these partner reports will be summarized for workgroup or cohort use cases (for example, the Opioid Taskforce may wish to monitor the frequency and spread of guideline training across the region) on a quarterly or ad hoc basis.

Site Visits

SWACH is not requiring site visits for partners, although SWACH has reserved the right to conduct site visits and/or collect additional documentation to reflect partnering providers' progress and technical assistance needs.

Other Data Sources

SWACH is developing a suite of reports to help support monitoring efforts that combine different data sources into interactive dashboards that can help monitor trends and performance across the region and will serve as a supplement to partner reporting. This suite of reports relies on All Payer Claims Database data and will also incorporate Category 1 and Category 2 data products from the Health Care Authority, and other data sources. These other data sources may include but are not limited to the Department of Health's quarterly opioid dashboard, and programmatic data from SWACH's Pathways HUB (Pathways HealthConnect).

Optimizing Transformation Approaches

SWACH anticipates that delays and setbacks will occur across our range of partnering providers and ongoing initiatives. Through coordination, active involvement in learning collaboratives and regular reporting mechanisms SWACH will rely on processes to inform our support strategies when an organization is not able to meet required milestones. Moreover, SWACH is committed to identifying technical assistance needs early and establishing a regional and organizational culture of continuous quality improvement and rapid cycle Plan – Do – Study – Act (PDSA) methodology.

SWACH is working with partners to actively plan for these contingencies through developing capacity within the organization, leveraging third-party relationships and our funds flow model that accounts for expected adjustments.

Sharing Best Practices

SWACH intends to share successful transformation approaches and lessons learned through the following mechanisms: **Mechanism**	**Vehicle for Sharing**	**Frequency**
Collaboration with Other ACHs *This includes ACH executive directors, data leads, Pathways staff, whole person care, and other ad hoc collaborations.*	Conference calls and in-person meetings	Varies: monthly, bi-monthly, quarterly, or as needed
Distribution through Regional Governance Structures *This includes SWACH's Regional Health Improvement (RHIP) Council, Workgroup, the Healthy Living Collaborative, the Pathways Advisory Committee, and more.*	Conference calls and in-person meetings Meeting notes	Varies: monthly, bi-monthly, quarterly, or as needed
SWACH's Communications	Website, Social media, Press releases / earned media	Varies
SWACH Learning Community	Topic / project teams, peer-to-peer "chat" feature	Varies
SWACH Learning Collaboratives	Live events, monthly webinars, Collaborative Team Folder	At least monthly

SAR 4.0 - SWACH Response to Request for Supplemental Information:

There were two SWACH challenges related to Quality Improvement implementation. Several of the clinical organizations requested support for quality improvement training focused on the integration of behavioral and physical health and care coordination. The recruitment and hiring of a qualified Transformation Improvement Director to support the partner teams was not initiated until April 2019. The Director was hired in June 2019 and director orientation completed with clinical partners in first three months in the position. In addition, several Clinical Transformation Improvement Plans were unable to be launched due to a delay in the signing of Contracts by partner organizations. Upon completion of signed contracts, an Integrated Care Collaborative was formed, which is composed of 9 teams and 12 organizations with a focus on integration of behavioral and physical health, utilizing quality improvement strategies.

In retrospect, SWACH should have anticipated and established a communication process to better understand the needs of our partners earlier in the contracting process. In addition, due to numerous organizational changes within SWACH, the Transformation Improvement Director position was not prioritized appropriately. Once recruitment began, the process was longer than anticipated. In order to expedite support of the partners, the Director utilized consulting services to respond to their quality improvement needs.

Attachment 1: Scope of Work Template

SCOPE OF WORK

This document is intended for SWACH and partners to document decisions and agreements reached regarding the transformation scope of work. This document will be attached to the contract as an addendum. Sections that are not relevant for a specific partner should be deleted.

Organizational Information

Organization Name:

Primary Contact:

Name: Click here to enter text. **Contact Email:** Click here to enter text.

Executive Sponsor (if different from Primary Contact):

Name: Click here to enter text. **Title:** Click here to enter text. **Email:** Click here to enter text.

Length of Agreement: ☐ 12 months ☐ 24 months ☐ other

Contract Start Date: Contract End Date:

Scope of Work includes the following project areas:

☐ Whole-Person Care
☐ Clinic-Community Linkages
☐ Other (please describe):

Transformation Projects

This section is to document work that will be completed by the organization related to SWACH's selected project areas. Complete the relevant sections (i.e. not all partners will have projects in all areas) and duplicate sections if needed (i.e. some partners may have multiple projects in a given area).

Whole-Person Care

Aim Statement

What will this transformation project(s) accomplish? Please write 1-5 sentences addressing each of the following points. Your project description should be approximately 1 paragraph in length.

1. *What is the problem, gap, or unmet need that this project seeks to address?*
2. *What are you changing or doing differently to address this problem or unmet need?*
3. *What is your intended outcome?*
4. *How will you know change is an improvement?*
5. *How does this change support health equity?*

Aim Statement:

Example: This example should be related to the example in the matrix below.

Point of Contact for this Project (if different from primary point of contact listed above)

Name: Click here to enter text.

Email: Click here to enter text.

Role: Click here to enter text.

Project Milestones:

Phase 1: Please complete the major milestones that will achieve your Aim Statement. Phase 2 - Prior to April 1st you will also need to complete the activities that will support the achievement of each milestone with a timeline and evidence of progress (to include a budget attachment). These details will be used to inform ongoing partner reporting process and outcome payments.

Role ☐ Lead ☐ Partner	**Partnership Type** ☐ Communication ☐ Collaboration ☐ Formal Agreement ☐ N/A	**Team Members:** *Include all members and the rationale for their inclusion on the team) and their expected time commitments for the work. Remember to list patient, family or community members.* Click here to enter text.
Estimated cost for this project area (a detailed global budget is completed in attachment X): Click here to enter text.		

Milestone Changes Implemented: *For example, partner will implement new standardized behavioral health screening tool at all three organizations.*	**Key Change Activities:** List key tactics or activities that will support the achievement of each milestone. Note: Please include any tactics that support equity. **For Example***: Identify process and system changes needed to implement behavioral health screening and the strategies to support patient behavioral health integration needs in the primary care setting.*	**Timeline** *Y1/Q1-4*	**Evidence of Progress** *Process Example: written update / attestation of completion / screenshots of implemented screening tool in EHRs Outcome Example: % of patients screened for depression.*
1. Click here to enter text.	**1A** Click here to enter text. **1B** Click here to enter text. **1C** Click here to enter text. **1D** Click here to enter text.		Click here to enter text.
2. Click here to enter text.	**2A** Click here to enter text. **2B** Click here to enter text. **2C** Click here to enter text. **2D** Click here to enter text.		Click here to enter text.
3. Click here to enter text.	**3A** Click here to enter text. **3B** Click here to enter text. **3C** Click here to enter text. **3D** Click here to enter text.		Click here to enter text.
4. Click here to enter text.	**4A** Click here to enter text. **4B** Click here to enter text. **4C** Click here to enter text. **4D** Click here to enter text.		Click here to enter text.

Add milestones and/or activity rows as necessary

Community-Clinical Linkages

Project Description

What will this transformation project(s) accomplish? Please write 1-2 sentences addressing each of the following points. Your project description should be approximately 1 paragraph in length.

1. *What is the problem, gap, or unmet need that this project seeks to address?*
2. *What are you changing or doing differently to address this problem or unmet need?*
3. *What is your intended outcome?*
4. *How will you know change is an improvement?*
5. *How does this change support health equity?*

Aim Statement:

Point of Contact for this Project (if different from primary point of contact listed above)

Name: Click here to enter text.

Email: Click here to enter text.

Role: Click here to enter text.

Project Milestones:

Phase 1: Please complete the major milestones that will achieve your Aim Statement. Phase 2 - Prior to April 1st you will also need to complete the activities that will support the achievement of each milestone with a timeline and evidence of progress (to include a budget attachment). These details will be used to inform ongoing partner reporting process and outcome payments.

Role ☐ Lead ☐ Partner	**Partnership Type** ☐ Communication ☐ Collaboration ☐ Formal Agreement ☐ N/A	**Team Members:** *Include all members and the rationale for their inclusion on the team) and their expected time commitments for the work. Remember to list patient, family or community members.* Click here to enter text.
Estimated cost for this project area (a detailed global budget is completed in attachment X): Click here to enter text.		

Milestone Changes Implemented: *For example, partner will implement new standardized behavioral health screening tool at all three organizations.*	**Key Change Activities:** List key tactics or activities that will support the achievement of each milestone. Note: Please include any tactics that support equity. **For Example***: Identify process and system changes needed to implement behavioral health screening and the strategies to support patient behavioral health integration needs in the primary care setting.*	**Timeline** *Y1/Q1-4*	**Evidence of Progress** *Process Example: written update / attestation of completion / screenshots of implemented screening tool in EHRs Outcome Example: % of patients screened for depression.*
1. Click here to enter text.	**1A** Click here to enter text. **1B** Click here to enter text. **1C** Click here to enter text. **1D** Click here to enter text.		Click here to enter text.
2. Click here to enter text.	**2A** Click here to enter text. **2B** Click here to enter text. **2C** Click here to enter text. **2D** Click here to enter text.		Click here to enter text.
3. Click here to enter text.	**3A** Click here to enter text. **3B** Click here to enter text. **3C** Click here to enter text. **3D** Click here to enter text.		Click here to enter text.
4. Click here to enter text.	**4A** Click here to enter text. **4B** Click here to enter text. **4C** Click here to enter text. **4D** Click here to enter text.		Click here to enter text.

Other

Project Description

What will this transformation project(s) accomplish? Please write 1-2 sentences addressing each of the following points. Your project description should be approximately 1 paragraph in length.

1. *What is the problem, gap, or unmet need that this project seeks to address?*
2. *What are you changing or doing differently to address this problem or unmet need?*
3. *What is your intended outcome?*
4. *How will you know change is an improvement?*
5. *How does this change support health equity?*

Aim Statement:

Point of Contact for this Project (if different from primary point of contact listed above)

Name: Click here to enter text.

Email: Click here to enter text.

Role: Click here to enter text.

Project Milestones:

Phase 1: Please complete the major milestones that will achieve your Aim Statement. Phase 2 - Prior to April 1st you will also need to complete the activities that will support the achievement of each milestone with a timeline and evidence of progress (to include a budget attachment). These details will be used to inform ongoing partner reporting process and outcome payments.

Role ☐ Lead ☐ Partner	**Partnership Type** ☐ Communication ☐ Collaboration ☐ Formal Agreement ☐ N/A	**Team Members:** *Include all members and the rationale for their inclusion on the team) and their expected time commitments for the work. Remember to list patient, family or community members.* Click here to enter text.
Estimated cost for this project area (a detailed global budget is completed in attachment X): Click here to enter text.		

Milestone Changes Implemented: *For example, partner will implement new standardized behavioral health screening tool at all three organizations.*	**Key Change Activities:** List key tactics or activities that will support the achievement of each milestone. Note: Please include any tactics that support equity. **For Example***: Identify process and system changes needed to implement behavioral health screening and the strategies to support patient behavioral health integration needs in the primary care setting.*	**Timeline** *Y1/Q1-4*	**Evidence of Progress** *Process Example: written update / attestation of completion / screenshots of implemented screening tool in EHRs Outcome Example: % of patients screened for depression.*
1. Click here to enter text.	**1A** Click here to enter text. **1B** Click here to enter text. **1C** Click here to enter text. **1D** Click here to enter text.		Click here to enter text.
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3. Click here to enter text.	**3A** Click here to enter text. **3B** Click here to enter text. **3C** Click here to enter text. **3D** Click here to enter text.		Click here to enter text.
4. Click here to enter text.	**4A** Click here to enter text. **4B** Click here to enter text. **4C** Click here to enter text. **4D** Click here to enter text.		Click here to enter text.

Additional Accountabilities

Use this section to document any additional accountabilities a partner may have, including, but not limited to: whether the partner will serve as a subject matter expert or technical assistance provider for any other partners in the region, and whether the partner will play any leadership roles related to collaboratives or shared learning, etc.

Partner will participate in Equity Collaborative: ☐ Yes ☐ No

Point of Contact for Equity Collaborative:

Name: Click here to enter text. Email: Click here to enter text.

Partner agrees to participate in the Equity Assessment: ☐ Yes ☐ No

Equity Assessment will be completed by: [date]

Partner agrees to participate in the Equity Plan: ☐ Yes ☐ No

Equity Plan will be completed by: [date]

How is your organization working toward health equity now? What technical assistance would you like to strengthen your efforts**:**

How is your organization engaging community residents in project work now? What technical assistance would you like to strengthen your efforts**:**

Washington State Health Care Authority Definitions

- Health equity: Reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.
- Community engagement: Outreach to and collaboration with organizations or individuals, including Medicaid beneficiaries, that are not formally participating in project activities and are not receiving direct DSRIP funding but are important to the success of the Accountable Community of Health's projects.

Reporting Frequency:

☒ Quarterly (default) ☐ Semi-Annually ☐ Annually ☐ Other

If reporting frequency is other than quarterly, please explain:

Partner agrees to participate in SWACH's online reporting: ☐ Yes ☐ No

Note any variation or special consideration for partner reporting if applicable: Click here to enter text.

Attachment 2: SWACH Learning Community Home Page

The SWACH Learning Community on the Healthier Washington Collaboration Portal provides a virtual space to support SWACH partners in the implementation of transformation activities. The Learning Community serves as a place for partners to collaborate and find resources to accelerate health system transformation.

How Can I Use the Learning Community to Support Transformation Work?

- Create a virtual team space with your partner organizations to work on transformation activities such as care coordination, clinical integration, opioid use disorder or reducing emergency room visits
- Share lessons learned and ask questions of your peers through the Learning Community's exchange function
- Create your own organization team folder to share workplan progress and reports.
- Share documents and resources with your partners
- Find out what training and technical assistance is happening in the SWACH region
- Access vetted resources and tools specific to your transformation activities, i.e. don't re-invent the wheel!

Attachment 3: Equity Collaborative and Integrated Care Collaborative Charters

Equity Collaborative

SWACH has identified health equity as a critical part of the region's overall vision, strategy and work. Health equity means that all people have equal access to a healthy environment, community, and services. SWACH will further equity work by supporting partners in the SWACH Equity Learning Collaborative, where partners will receive peer and expert support in completing an equity assessment and/or equity plan.

An equity assessment includes an analysis of existing policies, practices, programs and outcomes to determine how they may impact equity. Partners may also decide to develop an equity plan with clear goals to improve current policies, practices, programs or outcomes. Overall goals include enhancing equity and trauma informed practices, while reducing stigma.

The Equity Collaborative will:

- Consist of partners who will complete an equity assessment and or plan in 2019
- Provide an environment to learn about tools, resources and approaches to move toward health equity
- Empower participants to discuss barriers and share successes with other organizations embarking on equity assessments and plans

Organizations interested in participating will identify two staff to actively participate in monthly learning opportunities focused on health equity. Organizations interested in participating in the learning collaborative will need to complete and equity assessment and/or plan in 2019.

Partners will need to complete an equity assessment before embarking on a plan. If they have indicated completing a plan but not an assessment, we will need to ensure an equity assessment has been completed.

Participating in the Equity Collaborative is a commitment. It will take buy-in from both the individual participants, and the leadership of the organizations that the direct participants represent. Interested organizations will need to be able to identify clear understanding of the scope of health equity work, including tactics to get to complete their equity assessment and/or plan. As a collaborative we will work together to build health equity in Southwest Washington.

For more information please contact:
Sky Wilson sky.wilson@southwestach.org

Integrated Care Collaborative

Introduction

The integration of physical and behavioral healthcare is a high priority for SWACH and many of its clinical partners. Successful integration requires workforce development of staff in the transition of the current system of care to an integrated system of care. System changes at the care team level include:

- Senior leader commitment and engagement
- Use of QI methods to test and implement changes
- Shared patient registries/population health management
- Defined and implemented care team roles
- Engaged patients and families
- Evidence-based, organized care to assure both behavioral health and physical health screening and treatment occur
- Care coordination between care team members and across organizations

While work may be going on at the organizational level to improve care coordination, work also needs to be done at the care team level to shift staff culture and workflows for integrated care. This basic change work and skill building with care team members is similar across our partner organizations. Therefore, SWACH is sponsoring a learning initiative for healthcare staff and providers to support partner organizations in this deep change work.

Integrated Care Collaborative (ICC)

This Collaborative provides a structured, yet innovative learning space for front line staff, clinicians, managers, and senior leaders to come together and operationalize the transformational work needed to implement a bi-directional integrated system of care. It will support one or more clinical care teams from each partner organization who are working on bi-directional integration. Teams will meet in person 4 times over the 12-month period to understand what transformed care looks like; set aims and measures of success; and learn from each other. During the months between learning events, teams will work on tests of change per their own unique needs and report on their progress quarterly.

Value for SWACH Partners

- Technical assistance, training, and support of staff that enhances the organization's integrated care transformation strategy *at no cost to the organization*
- Structured forum for regional peer-to-peer learning
- One—on-one coaching in use of Science of Improvement methods for rapid cycle change
- Consultation with subject matter experts in the integration of physical and behavioral healthcare

Expectations of Partners

- Care team(s) participate in the Integrated Care Collaborative (*see definition of care team and participation below)*
- Senior leader assigned to break down barriers and challenges of care team participants and assure that tests of change are congruent with the organization's strategic plan for integration
- Share tests of change and quality improvement metrics with SWACH and participating teams

Selecting Your Teams

All partners who are signing a statement of work with SWACH are required to send at least one care team to participate in the Collaborative.

For small and/or rural clinics – modification of required team members is negotiable to align with your capacity.

A strong team is crucial to the success of implementing bi-directional integration. Choose care teams who are involved and enthusiastic for integration and systems improvement. Team members will need some time between learning events to test changes. One member will function as the lead to drive the change work forward. This may require 5% of an FTE. Select team members from the following roles:

- Clinical Champions (primary care provider and behavioral health provider)-***both required***
- Day-to-day leader - ***required***
- Medical Assistant
- Caseload Manager
- Psychiatric Consult: Psychiatrist or Psychiatric ARNP

Others who would benefit participating alongside their care teams include clinical and administrative leaders such as clinic managers; administrative directors; information technology or financial directors who want to make substantial system changes to support innovative delivery models.

Participation Requirements (whole care team)

Activity	Type	Time
Pre-work Workshop	Virtual	August 14, 2019 12:00pm-1:00pm
Completion of MeHAF*	W/Coach in Person	Pre-Collaborative; Quarterly
Use of SWACH Learning Community portal	Online	Duration
Kickoff Event, full day	In Person	October 3, 2019, 8:30am-4:30pm
Learning Event, half day	In Person	January 29, 2020, 8:30am-11:30am
Learning Event, half day	Virtual	May 27, 2020, 8:30am-11:30am

Learning Event, half day	Virtual	September 10, 2020, 11:00am-2:00pm
Conducting PDSA cycles	Team Specific	All 4 Quarters
Care Team Meetings	Virtual	Monthly (minimum)
Content Trainings	Virtual	Monthly
Coaching	Virtual	As needed
Narrative Report	Online Template	Quarterly

*assessment of level of integration

For more information please contact:

Kim Lepin kim.lepin@southwestach.org

Attachment 4: Partnering Reporting Guidelines

Partner Reporting Guidance – Updated

This guidance document was updated July 2, 2019 with revised contact information.

This guidance document was updated and expanded on April 9, 2019 to provide additional clarity on required reporting components and timelines, SWACH's review process, and the Baseline Report template.

About Partner Reporting

What information is SWACH collecting from its partners?

Submission of progress reports is a requirement for all partners engaged in Medicaid transformation projects and entering into contracts with SWACH. This document details what partners need to do to successfully complete this requirement.

SWACH will collect a baseline report from each partner upon completion of a fully executed agreement. The baseline report is a report that will be due within 15 days of fully executing an agreement with SWACH. Ongoing **quarterly** progress reports will begin in July 2019. These quarterly reports will include a combination of:

- **Narrative** descriptions of implementation processes and progress,
- **Attestation** of completion of certain programmatic or quality improvement milestones, and
- **Measures** of relevant program outputs and services provided.

Quarterly progress reports are tailored to specific agreements between SWACH and its partners. Reporting requirements will vary among partners depending upon the contents of their scope of work.

Clinical Partners

Clinical partners will be required to report Pay for Reporting (P4R) measures at the practice / site level to meet Health Care Authority specifications (see details below) as part of their quarterly progress reports. Other reporting elements may also be required at the practice / site level depending on the partner's scope of work.

Community Serving Partners

Community serving partners are required to report Pay for Reporting (P4R) measures at the organization level as part of their quarterly progress reports.

How will this information be used?

Like all Accountable Communities of Health, SWACH is required to collect certain information from its partners to fulfill reporting obligations to the Washington State Health Care Authority (HCA) and earn the region's payments for Medicaid transformation.

In addition to monitoring the region's progress toward Medicaid transformation goals, these reports will assist SWACH in developing technical assistance and support that is timely and

responsive to our region. Reports will also be used to help determine payment for partners (see below).

Reporting Requirements

What reports need to be submitted to SWACH?

Baseline Report

All partners entering into a binding agreement with SWACH are required to complete a Baseline Report, due within 15 days of the fully executed agreement. SWACH will send each partner a link to complete the Baseline Report and their specific due date, based on their fully executed agreement.

This report is intended to collect baseline information on the Pay for Reporting (P4R) measures that SWACH is required to collect from clinical and community-serving partners and report to the Health Care Authority twice per year. The majority of P4R measures are multiple-choice questions about processes (e.g. has the organization adopted opioid prescribing guidelines?); P4R measures do not require compiling and submitting any clinical or client data.

Clinical partners will also need to submit the Maine Health Access Foundation's integrated care site self-assessment survey (MeHAF) for each site/clinic participating in Medicaid Transformation Project activities. For the Baseline Report, clinical partners can submit a previously completed MeHAF (as long as it was completed June 2018 – present).

See Attachment A for the Baseline Report, including additional details on the MeHAF requirement.

Quarterly Progress Reports

Clinical and community-serving partners contracting with SWACH agree to collect and document efforts as necessary to support the submission of the following information:

- **A narrative report** describing progress toward Medicaid transformation projects in the prior reporting period, following a template to be provided by SWACH. This report will include a description of any significant efforts or accomplishments toward a partner's milestones according to their work plan, an explanation of any changes in work plan during that period, and any challenges encountered or anticipated.

- **An attestation** of progress on relevant transformation project milestones during that reporting period, along with any supporting documentation as described in the contract. For example, SWACH may request a copy of new policies or workflows that are adopted by partners if these policies or workflows are identified in the partner's scope of work.

- **Measures** related to partner's transformation activities, as defined in the scope of work. These will include, at minimum, any relevant HCA required P4R measures and may also include process or quality measures, or output or outcome measures related to a partner's specific transformation activities.

When are reports due to SWACH?

Baseline Report

The Baseline Report is due to SWACH within 15 days of each partner's fully executed agreement. Each partner will have their own due date for the Baseline Report.[1]

Quarterly Progress Reports

The Quarterly Progress Reports are due on the 15th of the month after each reporting period.

Year 1 (2019)

Reporting Period	Report Due Date
April – June 2019[2]	July 15, 2019
July – September 2019	October 15, 2019
October – December 2019	January 15, 2020

Year 2 (2020)

Reporting Period	Report Due Date
January – June 2020	July 15, 2020
July – December 2020	January 15, 2021

Year 3 (2021)

Reporting Period	Report Due Date
January – June 2021	July 15, 2021
July – December 2021	January 15, 2022

Partners are required to submit quarterly progress reports on the above schedule, regardless of when the partner's binding agreement began. For example, a partner with a fully executed agreement on April 21st will be required to submit the July 15th report. A partner with a fully executed agreement on June 30th will also be required to submit the July 15th report. A partner with a fully executed agreement on July 7th will not submit a report until October 15th.

[1] Depending on when a partner's binding agreement is fully executed, they may be required to submit their first Quarterly Report (due July 15, 2019) prior to submitting their Baseline Report.

[2] SWACH is assuming an April start date for all Year 1 (2019) activities, regardless of when partner binding agreements were fully executed. SWACH recognizes that some partners may have started activities prior to April and others may not have begun work until their agreement was fully executed, which may be after April.

Extensions

SWACH reserves the right to grant any extensions to these reporting deadlines on a case-by-case basis. All requests for report extensions must (1) be received in writing *prior* to the report due date and (2) must include a proposed timeline/due date for the requested extension.

To request an extension, please contact partners@southwestach.org

How should reports be submitted to SWACH?

SWACH will collect reports and supporting documents through an online portal. The online portal will allow for document submission as well as survey-type questions for attestation and measure reporting.

Partners will identify a primary contact who will be responsible for accessing the portal and submitting reports within it as part of the contract negotiation.

Payment

How are reports tied to payments?

Each of SWACH's required reports has an associated payment:

Year 1 (2019)

Reporting Period	Report Due Date	Associated Payment
Baseline	15 days after agreement is executed	40% of 2019 funds
April – June 2019[3]	July 15, 2019	20% of 2019 funds
July – September 2019	October 15, 2019	15% of 2019 funds
October – December 2019	January 15, 2020	25% of 2019 funds*

Year 2 (2020)

Reporting Period	Report Due Date	Associated Payment
January – March 2020	April 15, 2020	25% of 2020 funds
April – June 2020	July 15, 2020	25% of 2020 funds
July – September 2020	October 15, 2020	25% of 2020 funds
October – December 2020	January 15, 2021	25% of 2020 funds*

[3] SWACH is assuming an April start date for all Year 1 (2019) activities, regardless of when partner binding agreements were fully executed. Year 1 (2019) ends December 31, 2019. SWACH recognizes that some partners may have started activities prior to April and others may not have begun work until their agreement was fully executed, which may be after April.

Year 3 (2021)

Reporting Period	Report Due Date	Associated Payment
January – March 2021	April 15, 2021	25% of 2021 funds
April – June 2021	July 15, 2021	25% of 2021 funds
July – September 2021	October 15, 2021	25% of 2021 funds
October – December 2021	January 15, 2022	25% of 2021 funds*

SWACH will release the associated payment for each report after the review process has been completed. Generally payments will be disbursed six to eight weeks after acceptance of a complete report. Failure to submit timely or complete reports may result in delayed payment for that quarter. SWACH may follow up with partners to request additional information if reports are incomplete.

SWACH will make reasonable efforts to accommodate unforeseen challenges in implementation or shifts in approach that are consistent with overall project goals, providing these changes are communicated to SWACH as soon as possible after they have been identified.

All notification or requests to change the SOW must be sent to SWACH: partners@southwestach.org

*Payment at Risk

The final report and associated payment for each year is tied to partners successfully completing agreed upon milestones or reaching agreed upon outcomes, as outlined in their individual scopes of work. SWACH will provide additional details about associated payments under separate cover.

Will reports be reviewed or scored?

SWACH will follow a two-step process for all partner reporting: (1) ensuring submitted reports were complete and timely, and (2) reviewing report content. See Attachment B for additional details on the review process.

Complete and Timely Submission

Quarterly progress reports will be considered **complete** if all required questions have been answered and all requested information is provided in sufficient detail for SWACH to monitor a partner's progress toward their scope of work. This may include standard information requested in quarterly progress report templates as well as additional clarification or documentation that SWACH may request as needed. Some elements are required quarterly, others will be semi-annual or annual.

Additionally, reports will be considered **timely** if they are submitted by the due dates listed above.

SWACH will send partners administrative notification when their reports are received, with the results of the timely and complete review, and when the content review is complete and their

payments have been released. SWACH may also follow-up with partners to ask clarifying questions about report content.

Changes to Reporting Requirements

SWACH reserves the right to modify reporting requirements in the future, to reflect changes to scope of work or HCA requirements. In addition to these reporting requirements, SWACH also reserves the right to conduct site visits, inspect organizational records, or request additional information from partners as needed to support SWACH monitoring, reporting and evaluation efforts.

SWACH will continue to update this document and provide notice to partners as Quarterly Progress Report templates and instructions are available.

Attachment 5: Baseline Report Template

This attachment provides the final baseline report template as of April 23, 2019. Partners **must** complete the baseline report online, using the link SWACH will provide. An electronic copy of this document will not be accepted.

Note the template below includes questions for both clinical and community serving organizations, but the online survey skip logic will only display the appropriate questions for each partner based on the response to Q1.1.

SWACH Partner Reporting –

Baseline Report

Start of Block: Organization Information

SWACH Partner Reporting - 2019 Baseline Report

I am a (choose one):

O Clinical organization

O Community serving organization

Organization name:

_____

Contact person:

_____

Contact email:

_____

Contact person is the assigned Medicaid Transformation Project (MTP) project manager?

O Yes

O No

Commitment to continue serving Medicaid:

☐ I attest that our organization is committed to continuing to serve Medicaid members.

End of Block: Organization Information

Start of Block: Clinical Organization Questions

The following information is being requested to meet Washington Healthcare Authority reporting requirements for all Accountable Communities for Health.

Measure specifications may be found in Appendix K of the DSRIP Measurement Guide, available online at https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf

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Please list the names of all clinics or sites participating in Medicaid transformation activities under your binding agreement with SWACH. We understand not all clinics or sites are participating in all activities, and this question will provide more granular response options for later questions.

Please leave any unused fields blank rather than entering text (i.e. "not applicable")

	Clinic 1	Clinic 2	Clinic 3	Clinic 4	Clinic 5
Clinic or site name					

End of Block: Clinical Organization Questions

Start of Block: Clinical Project questions

All clinics / sites participating in SWACH integration activities are required to complete and submit the Maine Health Access Foundation's integration self-assessment or "MeHAF" twice per year.

If this does not apply to your organization, please check the box below and move to the next section of the baseline report.

☐ I attest that my organization is not participating in integration activities as part of our agreement with SWACH. (1)

If your organization has clinics or sites participating in SWACH integration activities, please complete a MeHAF assessment for each clinic / site. If a clinic / site has completed a MeHAF assessment during or after June 2018, you may submit that version and do not need to re-do the assessment at this time.

You have two options for submitting your MeHAF assessment(s). Choose one of the following options:

- Enter all numeric responses for each participating clinic/site into the SWACH MeHAF Assessment Template and submit as a single excel file below (preferred) -or-
- Upload a completed PDF assessment tool for each individual clinic / site below

  NOTE: If you upload a file in error, upload the correct file using the same box. This will overwrite the incorrect file.

To submit your clinic/site MeHAF responses in a single file using the SWACH template:

To upload a PDF assessment tool for each individual clinic/site:

All clinics / sites participating in SWACH opioid use disorder prevention and treatment activities are required to submit responses to the questions below.

If this does not apply to your organization, please check the box below and move to the next section of the report.

☐ I attest that my organization is not participating in opioid use disorder activities in our work with SWACH

For all of your organization's clinics / sites that are participating in SWACH opioid activities:

Do providers at this site/clinic utilize any of the following opioid prescribing guidelines? *Select all that apply.*

	AMDG / Washington State	Bree Collaborative	Centers for Disease Control (CDC)	Other	None of the above
Clinic / Site 1	☐	☐	☐	☐	☐
Clinic / Site 2	☐	☐	☐	☐	☐
Clinic / Site 3	☐	☐	☐	☐	☐
Clinic / Site 4	☐	☐	☐	☐	☐

If you answered "other" above, please describe:

_____

Does your practice/clinic's clinical decision support for opioid prescribing guidelines include any of the following features? Note: Clinical decision support may occur through the EHR or through another system. Guidelines could include AMDG/Washington State, Bree Collaborative, CDC, or others.

Select all that apply.

	Integrated morphine equivalent dose (MED) calculators	Links to opioid prescribing registries or Prescription Drug Monitoring Programs (PDMPs)	Automatic flags for co-prescriptions of benzodiazepines	None of the above
Clinic/ Site 1	☐	☐	☐	☐
Clinic / Site 2	☐	☐	☐	☐
Clinic / Site 3	☐	☐	☐	☐
Clinic / Site 4	☐	☐	☐	☐
Clinic / Site 5	☐	☐	☐	☐

What protocols are in place to provide a pathway for patients with opioid use disorder to be evaluated for behavioral health interventions?

Select all that apply.

	Screening and treatment occurs on site for depression and anxiety	Screening occurs on site for depression and anxiety, and patients are referred for treatment	Contracting with providers who offer these services	Formalized referral relationship (through MOU or similar arrangement) with providers who offer these services	Informal referral relationships with providers who offer these services	None of the above
Clinic / Site 1	☐	☐	☐	☐	☐	☐
Clinic / Site 2	☐	☐	☐	☐	☐	☐
Clinic / Site 3	☐	☐	☐	☐	☐	☐
Clinic / Site 4	☐	☐	☐	☐	☐	☐
Clinic / Site 5	☐	☐	☐	☐	☐	☐

What protocols are in place to provide a pathway for all patients with opioid use disorder to be evaluated for medication-assisted treatment (MAT)?
Select all that apply.

	Medications are provided on site	Contracting with providers who offer these services	Formalized referral relationship (through MOU or similar arrangement) with providers who offer these services	Informal referral relationships with providers who offer these services	None of the above
Clinic / Site 1	☐	☐	☐	☐	☐
Clinic / Site 2	☐	☐	☐	☐	☐
Clinic / Site 3	☐	☐	☐	☐	☐
Clinic / Site 4	☐	☐	☐	☐	☐
Clinic / Site 5	☐	☐	☐	☐	☐

Page Break

If your organization has an Emergency Department **and** is participating in SWACH opioid activities, please complete this section.

If this does not apply to your organization:

- [ ] Not applicable

If this does apply to your organization, does your Emergency Department have protocols in place to initiate Medication Assisted Treatment (MAT) and offer take-home naloxone for individuals who are seen for opioid overdose?
Select all that apply.

- [ ] MAT initiation
- [ ] Take home naloxone
- [ ] Our ED does not offer these services

End of Block: Clinical Project questions

Start of Block: Clinical Wrap Up

NOTE: Please stop here if you are not finished with this report or intend to enter additional information on previous questions. We recommend that you review all responses for completeness and accuracy prior to submission.

If you are ready to submit your report, please click 'Submit' below. Your responses will be submitted to SWACH. On the next page, you will have the option to print your responses for your records.

End of Block: Clinical Wrap Up

Start of Block: CSO Project Questions

Does your organization have protocols in place to refer people with opioid use disorder to providers of medication-assisted treatment (MAT)?

- O Yes
- O No

Does your organization refer people with opioid use disorders for psychosocial care?

- O Yes
- O No

Does your organization actively refer people with opioid use disorder to a Hub & Spoke network or Opioid Treatment Network (OTN) where both medication and behavioral health treatments are available? *Select one.*

- O Yes, via warm handoff
- O Yes, via providing information
- O No, we provide these services on site
- O No, we do not refer for another reason

Optional: If you answered "no, we do not refer for another reason", please provide reason for not referring to or offering services:

_____

Did your organization receive technical assistance to organize or expand a syringe exchange program, or to learn about locally available access to clean syringes?

- O Yes, to organize and expand
- O Yes, to learn about access
- O No, we did not receive technical assistance

Optional: If your organization did not receive technical assistance, describe any needed or desired technical assistance related to syringe exchange programs:

_____

Does your organization provide referral information for clients interested in testing or treatment for Hepatitis C and HIV?

- O Yes, via warm hand-off
- O Yes, via providing information
- O No, we provide these services on-site
- O No, we do not refer for another reason

Optional: If you answered "no, we do not refer for another reason", please provide reason for not referring to or offering services:

_____

End of Block: CSO Project Questions

Start of Block: CSO Wrap Up

NOTE: Please stop here if you are not finished with this report or intend to enter additional information on previous questions. We recommend that you review all responses for completeness and accuracy prior to submission.

If you are ready to submit your report, please click 'Submit' below. Your responses will be submitted to SWACH. On the next page, you will have the option to print your responses for your records.

End of Block: CSO Wrap Up