

## Healthier Washington

### Collective Responsibility Accelerator Committee

10 a.m.-3 p.m. Friday, February 12, 2016

Bill & Melinda Gates Foundation | Conference Center | Elliott Bay Room | 500 5<sup>th</sup> Ave N | Seattle

Virtual attendance: Email Megan Oczkewicz at [megan.oczkeiwicz@hca.wa.gov](mailto:megan.oczkeiwicz@hca.wa.gov) by February 10

## Agenda

### Meeting Objectives:

- Understand the principles of collective impact/collective action and how they apply to our shared definition of collective responsibility;
- Develop the committee's problem statement and objectives; and
- Identify action items in service to committee objectives and the process to accomplish them.

10:00 a.m. Welcome and Introductions

*Kathleen Paul & David Wertheimer, Collective Responsibility Accelerator Committee co-champions*

10:15 a.m. Overview of Today's Goals and Objectives

*Kathleen Paul & David Wertheimer*

- What "collective responsibility" means to this committee and how it applies to our action pathway

10:45 a.m. Collective Impact and Collective Responsibility

*Alison Carl White, Better Health Together*

- What is collective impact?
- How collective impact is being applied in Washington state
- What "collective responsibility" has in common with "collective impact," and how it differs
- Principles and definition of "collective responsibility"
- Barriers and limitations to collective impact and collective responsibility

12:00 p.m. Brownbag Lunch & Networking

12:30 p.m. Committee Problem Statement and Objectives

*Group Dialogue*

- Thinking about collective responsibility: What this committee can hope to accomplish, and the limitations driven by time, bandwidth and resources

1:30 p.m. Break

1:40 p.m. Committee Action Pathway Strategies

*Group Dialogue*

- Building upon existing efforts

- Early wins and long-term strategies
- Process to accomplish actions

2:45 p.m.    Next Steps

*Kathleen Paul & David Wertheimer*

- Decisions we made today about defining and bounding the work of the committee
- Review of action items
- Meeting evaluation and agenda items for next virtual meeting 12 p.m. March 1
- Standing virtual meetings the first Tuesday of the month
- Items for the good of the order

3:00 p.m.    Adjourn

*Thank you to the Bill & Melinda Gates Foundation for hosting today's Collective Responsibility Accelerator Committee meeting.*



## Collective Responsibility Accelerator Committee

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Kathleen Paul, co-champion	Virginia Mason
David Wertheimer, co-champion	Bill & Melinda Gates Foundation
Jennifer Allen	Planned Parenthood Votes Northwest and Hawaii
Abigail Blue	Washington Association of Community & Migrant Health Centers
Doug Bowes	United Healthcare
Alison Carl White	Better Health Together
Ed Dwyer-O'Connor	Harborview Medical Center
Dan Ferguson	Washington State Allied Health Center of Excellence
Connie Kline	Pierce Co. Community Connections - Aging & Disability Resources
Ben Lindekugel	Association of Washington Public Hospital Districts
Michael McKee	International Community Health Services
Peter Morgan	Family Health Centers
Teresa Mosqueda	Washington State Labor Council, AFL-CIO
Sallie Nellie	Project Access Northwest
Andrew Over	Regence BlueShield
Sherry Reynolds	Alliance4Health
Bill Rumpf	Mercy Housing Northwest
Martin Valadez (invited)	Greater Columbia ACH
Caroline Whalen	King County
Greg Williamson	Washington State Department of Early Learning

# Healthier Washington Collective Responsibility Accelerator Committee

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**Kathleen Paul**, Accelerator Committee Co-Champion  
Vice President, Communications and Public Policy  
Virginia Mason

Kathleen G. Paul is the vice president of Communications and Public Policy at Virginia Mason Health System. She leads the organization's work in public policy, public relations, media relations, internal communications, community benefit, medical photography and Web strategies.

In addition to her experience in health care, she has worked in publishing, hospitality, higher education and K-12 education.

She received a Bachelor of Arts in Communications from the University of Washington and a Master of Arts in Strategic Communication from Antioch University Seattle. She is certified to lead Virginia Mason Production System continuous improvement workshops and has received advanced training as a Kaizen Fellow in Japan and Italy.

Kathleen currently serves on the boards of Bailey-Boushay House and The Horizon House.



**David Wertheimer**, Accelerator Committee Co-Champion  
Deputy Director for Strategy, Planning and Management  
Bill & Melinda Gates Foundation

David Wertheimer, M.S.W., M.Div., is the Deputy Director for Strategy, Planning and Management for the Pacific Northwest Initiative at the Bill & Melinda Gates Foundation. In this capacity, he works on issues of family stability, housing and homelessness, as well as overseeing measurement, learning and evaluation activities for the PNW team. He serves on the Board of Directors for Partners for Our Children, Funders Together to End Homelessness, and the Haverford College Alumni Executive Committee.



**Alison Carl White**  
Executive Director  
Better Health Together

Alison Carl White joined Better Health Together in June 2014, to lead the team of 16 tenacious problem solvers committed to radically improving our region's health. Alison brings a wealth of executive level nonprofit leadership, corporate social responsibility and community engagement experience as key tools for creating sustainable community impact. Over the past 20 years, Alison has served as the Executive Director of five other Northwest nonprofit organizations— WithinReach, NPower NW, Seattle Works, VolunteerWorks and the Federal Way Chamber of Commerce.

When Alison isn't building community, she is part of a great family that includes Erik, two amazing kids, Barrett (age 9) and Claire (age 8) plus Dodge and Penny June (their Australian Shepherd pups!) and six chickens . A recent



transplant to Spokane, loves her country road running, the beauty of the Palouse and the lack of Seattle traffic.

**Dan Ferguson**

Director

Washington State Allied Health Center of Excellence

Dan Ferguson has over thirty years of experience in higher education, non-profit management, health care and human services. He has a real interest in organizational culture and change management. In Dan's current role as the Director of the Washington State Allied Health Center of Excellence, he is working to assist the community college system in understanding and adapting to the health care workforce changes due to the affordable care act.



**Connie Kline**

Social Service Supervisor

Pierce Co. Community Connections – Aging & Disability Resources (ADR)

ADR is the designated Area Agency on Aging for Pierce County and a division of Pierce County government's Community Connections Dept. I have worked for ADR over 27 years serving in both direct service and administrative positions, and have spent the majority of my career working in the areas of community based planning, coordination and collaboration, as well as program development, implementation and evaluation in support of building a comprehensive system of long term services and supports for older adults and individuals with disabilities.



**Ben Lindekugel**

Executive Director

Association of Washington Public Hospital Districts (AWPHD)

Executive Director of the Association of Washington Public Hospital Districts (AWPHD), where he has been for six years. He worked for 15 years at EvergreenHealth in Kirkland, developing and leading community-based services, managing various clinical departments and heading up community relations and board governance. Between Evergreen and AWPHD, Ben consulted with rural hospitals and other community organizations around management, governance and organizational development issues.



**Michael McKee**

Director of Health Services and Community Partnerships

International Community Health Services

Michael McKee is currently the Director of Health Services and Community Partnerships at International Community Health Services where he has worked since 2005. He has a Masters of Education in Community Health Education from Kent State University in Ohio and has more than 25 years' experience practicing community and public health education, administration and research in nonprofit, academic and government agencies, serving many diverse communities. Areas of interest and experience include: community health workers; outreach and enrollment; school based health services; culturally and linguistically tailored health education; enabling services; communicable disease investigation; population health and chronic disease self-management. He has collaborated on several community based participatory research (CBPR) projects through AAPCHO, University of Washington and Public Health Seattle & King County to address health disparities in Asian American and Native



Hawaiian and other Pacific Islander populations. He has presented his work at local, state, and national conferences, as well as online.

**Teresa Mosqueda**

Political and Strategic Campaign Director  
WA State Labor Council, AFL-CIO

Teresa Mosqueda was named WSLC Political and Strategic Campaign Director in May 2015. In this position she advances the council’s work developing shared agendas, strategic organizing campaigns (raising wages, naturalization, revenue reform, etc.), and recruiting, training and electing political champions for working people. As Chair of the Healthy Washington Coalition, the state’s largest health care advocacy group, Teresa was appointed by the Governor to serve on the Health Insurance Exchange Board, where she served four years advocating for low-income people and the under-served. Teresa continues to serve as Chair of the Healthy WA Coalition, and advocate on behalf of working families on health care issues.





**Sallie Neillie**

Executive Director

Project Access Northwest

Sallie Neillie founded Project Access Northwest in early 2006 with the help and support of committed group of individuals who were determined to find a way to improve access to needed specialty services for the low-income uninsured and underinsured. Since its inception, Project Access has served over 30,000 patients from all over King, Snohomish and Kitsap Counties. The specialty care services they received are valued at approximately \$90 million dollars.

Prior to founding Project Access NW, Sallie worked for Group Health Cooperative for 16 years. While there, her experience included a number of positions in both the health care delivery system and in the insurance division. She also spent four years as the Director of Health Access for the Washington Health Foundation.

In addition to being the Executive Director of Project Access NW, Sallie sits on the board of Washington Health Access Alliance, an association focused on supporting free clinics, mobile clinics and other efforts to address local health care access needs.



**Andrew Over**  
Market Vice President  
Regence BlueShield

As the Market Vice President, Andrew Over is responsible for strategy development and execution to drive growth in Regence's Washington market. In this position, Andrew has a strong focus on growing Regence's visibility in market through strategic partnerships and community involvement.

Before joining Regence, Andrew spent more than a decade working in national politics in Oregon, Washington, D.C. and Washington. His roles included working for U.S. Senator Gordon Smith as his Deputy State Director for Oregon and as Deputy Campaign Manager for a U.S. Senate campaign in Washington.

Andrew currently serves on the board of directors for the American Heart Association – Puget Sound Chapter, The First Tee of Greater Seattle and Junior Achievement – Washington.



**Bill Rumpf**  
President  
Mercy Housing Northwest

Bill Rumpf oversees real estate development, resident services and resource development for Mercy Housing Northwest. MHNW owns 2,000 affordable family and senior apartments in Washington—in 16 counties, primarily in Western WA from Bellingham to Olympia. MHNW has been hosting a Washington Housing-Health Partnership Collaboration group for past 18 months.



**Caroline Whalen**  
Chief Administrative Officer  
King County

Caroline Whalen is King County's Chief Administrative Officer overseeing the internal operations including benefit design and implementation. The county's health reform initiative has been a focus of her work since 2002. She is past chair of the Washington Health Alliance.

She was a principal member of the staff team that developed award winning benefit design Healthy Incentives<sup>SM</sup>. King County received the 2013 Innovations in American Government Award for this program from the John F. Kennedy School of



Government at Harvard University.

Ms. Whalen has worked for the King County since 1994 as an analyst and manager for the executive and legislative branches.



## Collective Responsibility Accelerator Committee Meeting Schedule

<b>Date</b>	<b>Time</b>	<b>Dial-In Information</b>
12/18/2015	9:00am	1-866-757-2790 Access code 480321
Extended in-person 02/12/2016	10:00am-3:00pm	Bill & Melinda Gates Foundation
03/01/2016	12:00pm	1-866-244-8528 Access code 874454
04/05/2016	9:00am	1-866-244-8528 Access code 874454
05/03/2016	9:00am	1-866-244-8528 Access code 874454
06/07/2016	9:00am	1-866-244-8528 Access code 874454
07/05/2016	8:30am	1-866-244-8528 Access code 874454
08/02/2016	8:30am	1-866-244-8528 Access code 874454
09/06/2016	9:00am	1-866-244-8528 Access code 874454
10/04/2016	9:00am	1-866-244-8528 Access code 874454
11/01/2016	9:00am	1-866-244-8528 Access code 874454
12/06/2016	9:00am	1-866-244-8528 Access code 874454

The Healthier Washington Collective Responsibility Accelerator Committee will promote the concept of shared accountability and collective impact in achieving health systems transformation in Washington state. Through the development and implementation of an education campaign, the committee will enhance its role as Healthier Washington ambassadors to help shape messaging that resonates, identify key partners in the uptake and sustainability of Healthier Washington, and serve as champions of the concept of collective responsibility.

The objectives of the kickoff meeting were to understand the Accelerator Committee's broad membership composition and hear why this particular work is important to each member, and begin to establish the goals of the Accelerator Committee and clarify its work moving forward. The meeting illustrated the reach and potential impact of each committee member, and their ability to achieve the overarching aim of the committee.

### **Potential Actions and Concepts Identified by Committee Members**

- Share stories of success around collective impact broadly and how it is already advancing aims and activities of Healthier Washington. Storytelling will best illustrate collaboration as a best practice for success. A potential example is Harborview's partnership with housing providers.
- Start with our target audience first in shaping messaging. Committee members encouraged proactively listening to our audience, including consumers, before developing the education campaign. A bottom-up approach likely will yield greatest success.
- A first step includes identifying our target audience. The committee weighed leveraging current Healthier Washington champions for early wins as well as the benefits of targeting those who aren't at the table.
- The committee agreed that collective impact must be modeled at the system level, and the multiple sectors represented in this committee may go first in modeling this approach.
- Acknowledge the other Accelerator Committees (clinical engagement, equity, rural health innovation, integrated physical and behavioral health) and consider how this committee might leverage their identified actions to demonstrate the value of collective impact and shared accountability.
- Address resource scarcity and approaches to collectively leverage resources.

### **What Success Looks Like**

- Collective impact/responsibility principles and tools are understood and applied.
- Identify existing efforts and a method to promote and measure the application of collective responsibility in success.
- Apply the principles of this committee to advance a systematic approach to population health.

### **Next Steps**

The committee expressed interest in convening an extended in-person meeting (with a virtual option available for those who cannot travel) early in this process to build upon this initial brainstorming and design the committee's strategy. The committee co-champions and staff will develop a draft work plan to test with the group.

**Present:**

Co-Champions

Kathleen Paul, Virginia Mason

David Wertheimer, Bill & Melinda Gates Foundation

Members in Attendance

Abigail Blue, Washington Association of Community & Migrant Health Centers

Alison Carl White, Better Health Together

Ed Dwyer-O'Connor, Harborview Medical Center

Dan Ferguson, Washington State Allied Health Center of Excellence

Connie Kline, Pierce County Aging & Disability Resources

Ben Lindekugel, Association of Washington Public Hospital Districts

Michael McKee, International Community Health Services

Peter Morgan, Family Health Centers

Andrew Over, Regence

Sherry Reynolds, Alliance4Health

Bill Rumpf, Mercy Housing Northwest

Invited

Jennifer Allen, Planned Parenthood Votes Northwest and Hawaii

Doug Bowes, United

Teresa Mosqueda, AFL-CIO

Sallie Nellie, Project Access Northwest

Martin Valadez, Greater Columbia ACH

Caroline Whalen, King County

Staff

Laura Zaichkin, Washington State Health Care Authority

Laura Blaske, Washington State Department of Health

Amy Blondin, Washington State Health Care Authority



## Better Health. Better Care. Lower Costs.

The Healthier Washington initiative will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.

We are in the early stages of a five-year Health Care Innovation Plan that has brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of their income, education or background.

### The plan recommends three core strategies

#### 1. Improve how we pay for services

Presently, providers of health care services are paid every time they provide a service, even when the service doesn't work. Healthier Washington calls for rewarding providers when they achieve good outcomes. Information on effectiveness and cost will be collected and shared to help providers and consumers choose the best treatment options.

#### 2. Ensure health care focuses on the whole person

The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs as early as possible and at the same time. Healthier Washington calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we pay for services to make care for the whole person possible.

#### 3. Build healthier communities through a collaborative regional approach

Virtually all health care is delivered at the local level. Driven by local partners, the state will support a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

### Estimate of savings: \$1.05 billion

When the combined savings and avoided costs are estimated, adjusting our health system has the potential to save \$1.05 billion in the first **three to five years.**



### Benefits of a better system —two examples

**CURRENT SYSTEM:** Jan, 40, is employed, privately insured, but has no primary provider to coordinate her health care. Instead, she has visited three ERs five times in six months for an irregular heartbeat. She is overweight, pre-diabetic and frequently depressed, but untreated for all three. No problem was found with her heart and, due to her other issues, she doesn't follow ER recommendations.

Harry, 54, is covered by Apple Health and homeless. His chronic health problems could be treated in local doctors' offices, but he used the ER more than 50 times in 15 months. He's usually intoxicated, his issues are complex and he needs help connecting to housing, health care, and all the other services he needs.

For both Harry and Jan, ER doctors routinely repeat tests because they don't have access to health histories.

**A BETTER SYSTEM:** Jan has one provider who coordinates her health care. Harry has an outreach worker who connects him with housing, health care, and other services. Expanded data systems give Jan's and Harry's providers immediate access to health histories, enabling coordinated care without duplicated services. Health care services are effective, and unnecessary costs are avoided. Best of all, Jan and Harry become healthier because they receive all the services they need.

### Contact:

**Healthier Washington Project Team**  
Washington State Health Care Authority  
healthierwa@hca.wa.gov | 360-725-1980  
[www.hca.wa.gov/hw](http://www.hca.wa.gov/hw)



## About Healthier Washington

Healthier Washington is transforming health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.

Through Healthier Washington we will:



### ***Integrate behavioral and physical health***

We are integrating physical and behavioral health services in Medicaid to serve the whole person. The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs at the same time. Healthier Washington builds needed connections by adjusting how we pay for and deliver services, and links them to community supports to make care for the whole person possible.



### ***Build Accountable Communities of Health (ACHs)***

These multi-sector, regional health partnerships address health needs where they occur—at the local level. ACHs share in decisions with the state about purchasing health care services that align with community priorities. When we engage all sectors, we have a greater impact together.



### ***Consistently measure performance to make quality and costs clear***

Statewide measures provide a common way of tracking health and health care performance to show progress in improving the quality of care and lowering costs. System-wide improvement will occur when public programs and the commercial market use the statewide measures, contribute data to a shared database, and support public reporting of these common measures.



### ***Develop value-based payment strategies***

Traditional fee-for-service arrangements for health care can result in duplication and delays in service, creating poor outcomes for patients. As the largest purchaser of health care, the state is leading by example by transforming how it purchases insurance. This will help shift 80 percent of the market from traditional fee for service to integrated, value-based payment models by 2019.



### ***Support clinical practice transformation***

Healthier Washington is establishing a practice transformation hub that will support providers across the state to effectively coordinate care, increase capacity, and benefit from value-based reimbursement opportunities. Practice transformation will also more closely link payers and clinicians to public health and community resources.



### ***Engage people in their health decisions***

Washington residents will be informed consumers of care and services and engaged in their own health. We will support the development and use of tools and resources so people can make informed decisions about care with their providers. By 2019, the people of Washington will be healthier and we will begin to see reduced disparities.



HCA 82-005 (2/15)

Healthier Washington is partly funded by a \$65 million federal grant from the Center for Medicare and Medicaid Innovation. Two bills requested by Gov. Jay Inslee and passed by the Legislature in 2014 also support this five-year effort to transform health care. The state Health Care Authority leads the Healthier Washington effort, in partnership with the Department of Social and Health Services and the Department of Health.

Learn more online: [www.hca.wa.gov/hw](http://www.hca.wa.gov/hw)

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Fact sheet produced by the Washington State Health Care Authority, July 2015  
 Healthier Washington is Governor Inslee's multi-sector partnership to improve health, transform health care delivery, and reduce costs. The Health Care Authority provides strategic oversight for this initiative. The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

# Health Innovation Leadership Network Accelerator Committees Overview



Healthier Washington will build healthier communities through a collaborative regional approach, ensure health care focuses on the whole person, and improve how we pay for services in order to achieve the triple aim of better health, better care and lower costs.



Healthier Washington's measures of success are as follows:

- By 2019, 90 percent of Washington residents and their communities will be healthier;
- By 2019, all with physical and behavioral comorbidities will receive high-quality care; and
- By 2019, Washington's annual health care cost growth will be 2 percent less than the national health expenditure trend.

Key to success in achieving Healthier Washington's aims is the public-private Health Innovation Leadership Network (HILN), comprised of providers, business, health plans, consumers, community entities, governments, tribal entities and other key sectors to accelerate the initiative's efforts. Transformative, lasting changes requires focused and collaborative engagement of the public and private sectors working toward mutual goals.

In addition to HILN's overarching role as accelerators of culture change and Healthier Washington ambassadors, Healthier Washington developed HILN subcommittees, called "accelerator committees." The HILN Accelerator Committees focus on specific and timely efforts that directly impact and drive toward the achievement of Healthier Washington's measures of success.

HILN Accelerator Committees will:

- Accelerate the goals and objectives of Healthier Washington versus advise on policy and operational components of the initiative.
- Evolve, expand and disperse over time as Healthier Washington itself evolves in response to rapid-cycle learning and improvement.
- Build upon existing efforts and groups already in place.

- Be reflective of the HILN structure in public-private, multi-sector membership.
- Be championed by HILN members, with membership including leadership from HILN and non-HILN organizations.

The initial Accelerator Committees are:

- **Healthier Washington Clinical Engagement Accelerator Committee:** Accelerate provider commitment to and adoption of Healthier Washington aims and strategies.
  - Co-Champions: Johnese Spisso & Hugh Straley
- **Healthier Washington Communities and Equity Accelerator Committee:** Elevate and act on Healthier Washington's commitment to every Washingtonian getting a fair chance to lead a healthy life.
  - Co-Champions: Antony Chiang & Winfried Danke
- **Healthier Washington Integrated Physical and Behavioral Health Accelerator Committee:** Accelerate the transition to fully integrated care systems by leveraging cross-sector action.
  - Co-Champions: Teresita Batayola & Joe Roszak
- **Healthier Washington Rural Health Innovation Accelerator Committee:** Accelerate the uptake and spread of value-based payment and delivery models in the state's rural communities, and influence the uptake of rural health innovations that support these models.
  - Co-Champions: Nicole Bell & Andre Fresco
- **Healthier Washington Collective Responsibility Accelerator Committee:** Promote the concept of shared accountability and collective impact in achieving the aims of Healthier Washington through the development and implementation of an education campaign.
  - Co-Champions: Kathleen Paul & David Wertheimer

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**Present:**

Co-Champions

Antony Chiang, President, Empire Health Foundation

Winfried Danke, Executive Director, CHOICE Regional Health Network

Members

Shelley Cooper-Ashford, Executive Director, Center for MultiCultural Health

Jay Fathi, CEO and President, Coordinated Care

Uriel Iniguez, Executive Director, Washington State Commission on Hispanic Affairs

Jane Tiedt, Associate Professor of Nursing, Gonzaga University

Janet Varon, Executive Director, Northwest Health Law Advocates

Tommy Thombs, Commissioner, Mason County Public Hospital District 2

Chris Phillips, Director of Community Affairs/NW, PeaceHealth

Aren Sparck, Government Affairs Officer, Seattle Indian Health Board

Sofia Aragon, Executive Director, Washington Center for Nursing

Diane Oakes, Deputy Director, Washington Dental Services Foundation

Victoria Fletcher, Advanced Registered Nurse Practitioner, Washington Center for Nursing and Ebony Nurses Association of Tacoma

Zosia Stanley, Policy Director of Access, Washington State Hospital Association

Kim Williams, Chief Operating Officer, Providence Regional Medical Center Everett

Tanya Riordan, Vice President of Community Outreach, Planned Parenthood of Greater Washington and North Idaho

Michael Itti, Executive Director, Washington State Commission on Asian Pacific American Affairs

Sybill Hyppolite, Healthcare Policy Specialist, SEIU Healthcare 1199NW

**Invited:**

Gail Fast, School Nurse Corps Administrator, ESD 105

Bertha Lopez, Senior Director of Community Health, Yakima Valley Memorial Hospital

Ed Price, Executive Director, Washington State Commission on African American Affairs

Staff

Lena Nachand, Community Transformation Specialist, Washington State Health Care Authority

Maria Courogen, Special Assistant to the Secretary, Health Systems Transformation and Innovation, Washington State Department of Health

Laura Zaichkin, Deputy Coordinator of Healthier Washington, Washington State Health Care Authority

**Topics Identified by the Committee as Potential Areas of Work:**

- 1) State-level data collection and further disaggregation, emphasis on social determinants of health

- 2) The proposed Medicaid Transformation Waiver and providing specific recommendations on how health equity is woven into the projects list
- 3) Integration of children in foster care into the larger system of health care
- 4) Navigators and review of data in enrollment and disparities based on populations or geography
- 5) The undocumented population of Washington State and access
- 6) Best-practices or evidence-based work as “bright spots” and scaling here in Washington State

#### **Committee Feedback on Potential Areas of Work:**

- Undocumented workers seem important as there are no federal programs to support them and there is an important consideration for prevention and proper care as the population starts to age
- For both Hispanic and Native populations, the diabetes epidemic
- There are bright spots around the country in equity work targeting mental health
- Work force: policy of funding of policies for underrepresented minorities in the workplace
- Reemphasizing data and disaggregation
- Kitsap Mental Health as a shining star/bright spot for opportunities on how interoperability can be used to more successfully treat patients
- Concern over the amount of time data and disaggregation would take, what could be an easy win?
- Can we create the standards for how providers and health plans would disaggregate?
- Concern over Medicaid data being an “opt-in” and therefore not super reliable, what would “opt-out” look like for Medicaid data?
- Improving experience of care, especially in Native populations
- Committee members noted that nearly ¼ of the Committee is made up of lobbyists or activists. They discussed potentially identifying the top 3 policies to advocate for, and championing these with a unified voice when meeting with elected officials or candidates.
- Reiteration of data and disaggregation

#### **Both/And**

The committee supported work on data and disaggregation in parallel with another project that has a “bright-spot” example and addresses a high need, such as focusing on the undocumented population in Washington State or oral health or mental health.

#### **Next Steps**

Antony and Winfried will lead us in an online discussion of data and how we can move the needle, looking at who we will need to stakeholder with and what might need to be done at the legislative, provider or payer levels. This discussion will also be an opportunity to share bright-spots and more targeted interventions we might be interested as a Committee.



## Minutes for January 4, 2016 HILN Clinical Engagement Accelerator Committee Call

**Committee members present:** Johnese Spisso, Sean Trafficante, Hiroshi Nakano, Sarah Koca, Jeanne Rupert, Bob Farrell, Lynn Kimball, Lori Cohen, Sharon Eloranta, Donna Poole, Eileen Cody, Phylis Cavens, Tony Butruille, Richard Bryan, John Espinola, Holly Greenwood, Charissa Fotinos, Chris Barton, James Kaech, Michael Maples, Bruce Smith, Laura Pennington, Committee Staff, Cezanne Garcia, Committee Staff

**Apologies:** Ingrid Gerbino, Dylan Dressler, (Invited)

After brief introductions an overview of the Health Innovation Leadership Network (HILN) and Clinical Engagement Accelerator Committee was shared:

HILN is a Governor-appointed public-private leadership group that is driving change by leveraging their collective and individual action to take as leaders, from multiple sectors. This Clinical Engagement accelerator committee is made up of HILN members as well as other leaders across the state – all multi-sector- who are focused on diverse but triple-aim focused cross-cutting elements. Accelerator committee structure is one of several catalyst mechanisms for Healthier Washington.

The Clinical Engagement Accelerator Committee stems from recognition that Healthier Washington cannot be successful and achieve the triple aim in WA without the engagement of clinicians and health system leadership – along with the broader practitioner community.

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### 1. The Committee was asked to review Clinical Engagement Guiding Principles document:

#### *Targeted Priorities for Committee Consideration<sup>1</sup>:*

- It was proposed that the committee begin with the development of a survey tool, a self-assessment that members would complete on behalf of their clinical and/or professional organization they are representing. This will clearly define where to best invest the committee's time so that the group focuses on where we can be most effective.
- Membership of this group spans a diverse and broad cohort of providers and clinical areas. The group proposes adding a goal to take the lead with to frame up how the group or HW efforts can be channeled to be a key informant and distributor of a timely communications strategy with succinct messages about what is coming up in transformation work in Washington state and nationally. This could eventually lead to a roadmap of sorts.
- Additional thoughts: Consider the overall Healthier Washington agenda, which is pretty aggressive, timeline-wise, including expected deliverables. Think of how we could frame up the diverse but related activities in the state that are applicable to HW initiative and how these do and could, tie together. We need to keep the priority focus on the purpose and try to select a few key things that we could impact.

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<sup>1</sup> The Committee, once formed, will collectively define and finalize its priorities, objectives and action pathway.

## 2. The Committee discussed the structure of future meetings, using virtual and in-person options:

The group defined that, in general, this would be a monthly telephone meeting. Based on other accelerator committee experiences, the idea of a one-time in person, kick-off meeting was proposed, to serve as a planning session to define committee's action pathway. It was recognized that phone meetings are best used to address educational topics and for soliciting reactions to source documents that committee/staff will put together. Most important: HW wants this committee to be responsive to the membership's needs and desires.

## 3. Committee members were asked to share what is important to them and why they are interested in participating on this committee:

- Johnese Spisso - To meet the triple aim and to not support integration without having to reinvent the wheel. That would both give the committee's work momentum and ease the fatigue of health care providers.

Sharon Elorantra—Appreciates that this group's goals and targets are focusing on the people that provide health care service – not technology or regulation (which can be distractors to this work).

- Phylis Cavens –involved to ensure that HW transformation goals address the triple aim – and are inclusive of both adults and children. Plans to help the group focus on prevention and early intervention as we strive for value.
- Tony Butruille –The Committee needs to address head on what he called the quadruple aim: We also need to focus on provider satisfaction. Need to keep focus on actions that help clinicians take better care of patients and remove those barriers that inhibit their patient care efforts.
- Richard Bryan –wants to succeed at implementing 4-5 good simple, succinct, solid and sustainable steps toward achieving triple aim, and have an outcome that improves care.

## Next steps/Action Items:

Consider gaps in membership and submit ideas for additional members by Friday, January 29.

- Convene small workgroup to develop survey.
- Workgroup to draft elements to be included in survey;
- Send drafts to whole committee for comments and finalization – and then will frame up survey for organizations to complete. *The following individuals responded and others were asked to reply to an email if interested in participating by Friday, January 29.*
  - o Sara Koca - CHAS Health
  - o Lynn Kimball – Aging and Long Term Care of Eastern WA
  - o Holly greenwood – Rural Health Collaborative
  - o Lori Cohen - Community Health Plan of Washington
- Committee members complete brief bio and return by Friday, January 29.



# Physical & Behavioral Health Integration Accelerator Committee Meeting Summary

The Healthier Washington Physical and Behavioral Health Integration Committee will promote goals of achieving health systems transformation in Washington State through the integration of physical and behavioral healthcare.

The objectives of the kickoff meeting were to understand the Accelerator Committee's broad membership composition and hear why this particular work is important to each member; and begin to establish the goals of the Accelerator Committee and clarify its work moving forward. The meeting illustrated the reach and potential impact of each committee member, and their ability to achieve the overarching aim of the committee.

## **Potential Actions and Concepts Identified by Committee Members**

- Development of a common definition of integrated care that is applicable across the full spectrum of care and can help the State, payers and providers align our payment, policy, and clinical integration models around the definition;
- Conduct a statewide inventory, to assess providers across the State and better understand the baseline level of integration occurring, and the current capacity of providers for adopting integrated care models or moving along the spectrum towards integration;
- Develop an inventory of readiness assessment tools for partners to self-evaluation their capacity to achieve integrated care;
- Promote an understanding of the State's integration model to help providers and consumers navigate the changing system;
- Use the Committee as a cohesive body to explore the clinical aspects of integration across the care continuum, and to help the State progress towards a cohesive integration process, informed by the results of the inventory and common definition of integrated care;
- Use the Committee as an opportunity for learning across members, so that integrated care clinical best practices can be shared as well as learnings from the implementation of an integrated purchasing strategy in Southwest Washington.
- Focus on workforce development: create an inventory of opportunities for professionals to learn the skills necessary to expand the behavioral health workforce.

## **What Success Looks Like**

- Common definition of integrated care is developed and applied
- Uptake of integrated care models that improve patient care outcomes and lead to healthier patients
- Shared learnings and dissemination of best practices across Committee members and communicated broadly to system partners

## **Next Steps**

The committee expressed interest in starting to develop a common definition of integrated care for discussion during the next Committee call, and beginning to identify readiness assessment tools for the creation of a readiness assessment inventory. Committee members were encouraged to send language around a common definition and readiness assessment tools to staff, for broader dissemination and discussion on the next call. Additionally Committee Co-Champions and staff are amending the proposed scope to include suggestions from Committee members. The next call will be held in February, 2016.

**Present:**

Co-Champions

Joe Roszak, Kitsap Mental Health Services

Teresita Batayola, International Community Health Services

Members in Attendance

Chelene Whiteaker, Washington State Hospital Association

Darcy Jaffe, Harborview Medical Center

Erin Hafer, Community Health Plan of Washington

Julie Lindberg, Molina Health Plan of Washington

Jürgen Unützer, University of Washington School of Medicine

Sarah Addison, Sea Mar Community Health Centers

Rick Weaver, Central Washington Comprehensive Mental Health

Lauren Simonds, National Alliance on Mental Illness of Washington State

MaryAnne Lindeblad, Washington State Medicaid Director

Ann Christian, Washington Council for Behavioral Health

Brian Sandoval, Yakima Valley Farm Workers Clinic

Vanessa Gaston, Clark County Human Services

Paul Schoenfeld, Everett Clinic

Peter Rutherford, Confluence Health

Chris Imhoff, Director of the Division of Behavioral Health and Recovery, Department of Social and Health Services

Diane Narasaki, Asian Counseling and Referral Service

Peggy Papsdorf, Pioneer Human Services

Julie Youngblood, Coordinated Care Cenpatico

Invited

Barry Kling, Chelan-Douglas Health District

Susan McLaughlin, King County Department of Community and Health Services

Representative Paul Harris, 17<sup>th</sup> District, House of Representatives

Cezanne Garcia, Department of Health

Staff

Laura Zaichkin, Washington State Health Care Authority

Isabel Jones, Washington State Health Care Authority

**Meeting Minutes:**

Agenda Items	Time
<p><b>Introduction to Healthier Washington and HILN – Taking the next step with Accelerator Committees</b></p> <p><b>Notes:</b> Greetings and welcome from Laura Zaichkin, HCA. The goals of the Health Innovation Leadership Network are to promote lasting change of Healthier Washington through collaborative engagement of the public and private sector. The Healthier Washington Initiative (Initiative) is the State’s plan to bring together better health, better care and lower costs. The 65 million dollar award is focused around community engagement, practice transformation supports, data driven care delivery and shifting the way we pay.</p> <p>While all are import, of note for this Committee is shifting the way we pay, transforming Washington to pay for value. We are working with established groups within Healthier Washington to build out new payment models that integrate physical and behavioral health, engage purchasers and payers and transform Medicaid from volume to value. The intent for this Committee is to take the next step, and to explore options afforded by value-based transformations.</p>	<p>2:00 pm</p>
<p><b>Welcome from our co-champions, Andre Fresco and Nicole Bell</b></p> <p><b>Notes:</b> Meeting intent is to present discuss some of the goals of this Committee, introduce members to one-another and to discuss potential avenues of development. This is an exciting opportunity to identify areas where members can collaborate and network for the advancement of rural health.</p>	<p>2:05 pm</p>
<p><b>Introductions</b> <i>Each member of the Accelerator Committee introduce themselves, including:</i></p> <ul style="list-style-type: none"> <li>• <i>Name</i></li> <li>• <i>Organization</i></li> <li>• <i>What is your experience with rural health care?</i></li> <li>• <i>What is your current role and what might you contribute to advance the goals of this committee?</i></li> </ul> <p><b>Notes:</b> This group is composed of a diverse group of influential individuals and spans across public and private sectors. All participants seem excited and bring different competencies and talents to the table.</p>	<p>2:10 pm</p>

**Committee Action Item:** Committee members will be asked to fill out a short biography that will be compiled and sent out to the group for future reference.

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**Rural Health Innovation: What we will accomplish and why you are here**

- *Breaking the current paradigm through ideation.*
- *What are the challenges and barriers currently facing rural providers and populations?*
- *What is currently being explored in rural health delivery and health care innovation?*

**Notes:**

Prompted by the Co-Champions, Committee members identified several action items up front as a means of advancing this work.

*First*, there was significant discussion around up-front time investment. There was general Committee agreement that initial meetings be longer, 2-3 hours, so that the Committee can develop consistency and directions around aims. There was also significant discussion around holding an in-person working session up-front to establish ownership and drive action. Both seemed favorable by the Committee. Nicole Bell (Seattle), Andre Fresco (Yakima) and Keith Watson (Yakima) offered up their locations as convening locations.

2:35 pm

*Second*, it was identified by the group that there needs to be clear and actionable goals for the Committee. The Committee should outline and identify specific issues within rural communities that might be addressed and develop several problem statements around these issues.

*Third*, there needs to be clear linkage from a Committee perspective on how members might be able to collaborate to impact the problem statement. This would need to be established through ideation and action pathways.

**Committee Action Item:** Read forwarded materials and begin to think about rural challenges in relation to your potential contribution.

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**Identify Action Items and Next Steps**

- *Process steps and defining the action pathway*
- *Committee concept phase*
- *Participation*
- *Logistical support*

**Notes:**

Committee members can expect HCA to reach out with biographical template and supporting action items.

2:50 pm

**Committee Action Items:** Think about what you might need to be successful in this work? What are some potential areas of focus?

*Roster of Attendees:*

In Attendance	Name	Organization
YES	Andre Fresco	Yakima Health District
YES	Nicole Bell	Cambia Health
YES	Jacqueline Barton True	Washington State Hospital Association
NO	Ralph Derrickson	Carena
NO	Mark Johnston	Amazon
YES	Keith Watson	Pacific Northwest University
YES	Linda Gipson	Whidbey General Public Hospital District
YES	Brian Myers	Empire Health Foundation
YES	Sue Dietz	National Rural ACO
NO	Carlos Olivares	Yakima Valley Farm Workers Clinic
NO	Candace Goehring	DSHS – Aging and Long-Term Support Administration/Home and Community Services
YES	Daryl Edmonds	Amerigroup
YES	Phil Skiba	Hewlett Packard
YES	Cindy Snyder	Delta Dental
YES	Mark Stensager	Washington Health Benefit Exchange
NO	Karina Uldall	Virginia Mason
YES	Dawn Bross	Samaritan Healthcare
YES	Eric Moll	Mason General
YES	Dr. Ken Roberts	WSU College of Medicine

- Yes we would like to have an in-person meeting at Cambia Grove
  - Looking for 4 hour block in the middle of the day Feb 1-12
  - Nicole and Andre – Looking into potentially arranging lunch
  - Will need meeting facilitation and administrative support
- Nicole and Andre are looking for participation from Nathan and/or Laura to demonstration importance

Ideation strategy:

- Charge those who operate in the current space to educate and outline what needs to be changed in the next 3-4 years.
  - Develop problem statements/barriers from this list
  - Prioritize this list on importance/impact
- Work through how these problems could be solved
- Bucket different streams of work
  - Look at in terms of resource requirement - policy and legislative, technology, funding
- Solutions work
  - Things that are light in funding
  - Things that are light on policy requirement
- Idea development