

Washington State Innovation Models Quarter 3 Progress Report



August 1 – October 31, 2015

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

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

Success Story or Best Practice

The Health Innovation Leadership Network (HILN) at its October quarterly meeting approved the scope of the HILN subcommittees, called "accelerator committees," identified co-champions for each of the committees, and requested that HILN and non-HILN members express interest in the committees. Nearly 200 individuals throughout the state from multiple sectors expressed interest in the committees. The initial committees are:

- **Healthier Washington Clinical Engagement Accelerator Committee:** Accelerate provider commitment to and adoption of Healthier Washington aims and strategies.
- **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.
- **Healthier Washington Integrated Physical and Behavioral Health Accelerator Committee:** Accelerate the transition to fully integrated care systems by leveraging cross-sector action.
- **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.
- **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.

Committee membership will be approved and first meetings will take place in the fourth quarter of the SIM grant.

Read more about this

[Health Innovation Leadership Network
Accelerator Committee Overview](#)

Challenges

Recruitment. The Analytics, Interoperability and Measurement (AIM) team has continued the search for a Healthier Washington AIM director. Several candidates have been interviewed. Unfortunately, we still have been unable to hire for this position. Our strategy for overcoming this challenge is to more widely advertise this position, and we are also considering working with an executive search firm to find a good candidate. In recent weeks, the number of applications received is growing. During this gap, the team is working together to support the needs of the AIM track of work.

Procurement. A Request for Applications for the Greater Washington Multipayer strategy (Test Model 4) was finalized and released; HCA received no bids for the RFA and is currently revisiting the discovery and development process to identify the appropriate path forward.

Governance

The Healthier Washington governance function is running well. Our interagency Core Team meets biweekly. During the third quarter meeting frequency was revised. On alternate weeks a smaller “design team” consisting of Core Team members from HCA, DOH and DSHS meets to design the Core Team agendas. This allows the larger group to maximize dialogue time and focus on key issues and events.

Stakeholder engagement

We continue to apply our stakeholder engagement plan on work occurring under the grant. Activities in the third quarter included:

- Began providing biweekly update reports to legislative staff.
- Accountable Communities of Health (ACHs) continued multi-sector coalition meetings, regular board/council meetings, committee meetings, and sector-specific outreach and engagement. The state is partnering with ACH leaders, delivery system partners and managed care health plans to hold a gathering during the fourth quarter.
- Completed a Practice Transformation Hub-sponsored stakeholder engagement and thought-partner listening tour, site visits and key informant interviews, with input from more than 350 clinicians, health care system leaders and consumers.
- HCA hosted a bidders conference with the four managed care organizations bidding to provide fully-integrated physical and behavioral health services to answer questions about the request for proposals and draft contract for Medicaid Integration of Physical and Behavioral Health (Model Test 1). We also hosted two tribal roundtables and engaged regularly with legislators, behavioral health providers, and substance use disorder providers.
- The Washington Association of Community and Migrant Health Centers presented its approach for an alternative payment methodology to HCA leadership.
- Marketing efforts and communications to state and higher-education employees about Accountable Care Plan (Model Test 3) ramped up. Focus groups with state employees, an FAQ document, toolkit, webinars to various state groups, and a video were produced and/or implemented.

- A communication campaign to promote the uptake of the statewide common measures, which will launch in Q4.
- Presentations across state agencies, as well as with key external stakeholders, on the ongoing work to under AIM; an ACH Delegates for AIM group formed, which meets bi-weekly to communicate program developments and define ACH requirements of the AIM system; the structure for a new AIM Advisory Group was created, which will include stakeholders across our many stakeholder groups, with the goal of being both a venue for informational updates, and to serve in a consultative fashion as we design and implement our AIM program and IT platform.

Population health

In the third quarter there were a number of activities to integrate population health with health care delivery systems for all populations, including:

- The Center for Community Health and Evaluation developed a draft “chain of impact” framework to guide ACHs toward a Triple Aim approach to health improvement project selection and ACH evaluation. This chain of impact framework leverages the strengths of multiple sectors within each ACH as they identify projects that connect population health improvement efforts to delivery system transformation.
- Across Washington, ACHs will balance all aspects of the Triple Aim, including access, coordination and integration of care. The Cascade Pacific Action Alliance (CPAA) offers a good example of health improvement activities ACHs across the state will take on, including an emphasis on clinical-community linkages. CPAA found a need within its region for earlier identification and treatment of children with mental health or chemical dependency issues. The work group for this project selected behavioral health screening tools, inventoried relevant treatment resources within the region, discussed the proper role of school staff and treatment providers, and mapped how these roles would be coordinated on behalf of these children.
- The team working on a Plan for Improving Population Health formed an Interagency Advisory Group to guide a collaborative process for developing the Plan, with representation across the Healthier Washington investment areas. The team is forming an External Advisory Group, chaired by the co-chair of the Prevention Framework work group and comprised of external stakeholders who will be key to implementing population health strategies. The team conducted extensive outreach with stakeholders to share information and solicit input.

Health care delivery system transformation

During the third quarter, the Practice Transformation Support Hub team completed an environmental scan to identify evidence-based best practices and resources. This assessment will guide practice transformation priorities and achieve behavioral health integration, strengthen community-clinical linkages, and support progress toward value-based payment reform. The Hub sponsored the following stakeholder engagement and thought partner activities to ensure service alignment with the needs of provider and ACHs:

- “Listening tour” of 14 groups of diverse clinical and administrative leaders across the state

- 11 primary care and behavioral health clinical practice setting site visits to hear from front line providers and their leadership
- 25 key informant interviews to hear from diverse front line mental health, substance use disorder and primary clinicians and consumers

The Hub team also completed an inventory and assessment of publicly funded primary care and behavioral health practice transformation initiatives in the state to develop strategy on how to align practice facilitation/coaching initiatives and promote cross-agency synergy.

Payment and service delivery models

The team is making progress in its goal of shifting reimbursement strategies away from a system that rewards volume of service to one that rewards quality and outcomes. Activities in the third quarter include:

- Payment Model Test 1, Early Adopter: Four of the six managed care plans currently contracted in Washington state submitted proposals to HCA. Two successful bidders will be announced in the fourth quarter. An RFP to procure a Behavioral Health Administrative Service Organization to provide blind mental health crisis services on a regional basis was released in mid-October; one Apparently Successful Bidder will be announced in the fourth quarter.
- In parallel to Payment Model Test 1, DSHS completed foundational work to implement two integrated payment and service delivery systems for behavioral health beginning in April 2016.
- Payment Model Test 2 saw considerable effort to develop HCA state consensus around alternative payment method objectives. These objectives were translated into a basic model framework and were presented to executive leadership. A working session planned for the fourth quarter is targeted for conceptual consensus building around model parameters. External consulting for APM design and development and Critical Access Hospital payment and delivery redesign is being finalized.
- Most of the Model Test 3 work focused on operations and implementation activities. Per the September 30 deadline, both networks submitted the first quality improvement plans on readmissions and care coordination for high-risk state employees. October focused on finalizing communications and mailings to state employees for open enrollment (occurs during the month of November), presenting on the new options to sister agencies, and holding webinars for state employees. Staff also began to develop its strategy and plan for statewide expansion of the model test in 2017.
- A Request for Applications for Model Test 4 was released.

Leveraging regulatory authority

HCA, in partnership with DSHS, submitted a Section 1115 Medicaid Transformation Waiver application to the Centers for Medicare and Medicaid Services. The waiver application has four goals:

1. Reduce avoidable use of intensive, high-cost services, such as acute care hospitals, psychiatric hospitals, and nursing home facilities.
2. Improve population health, with a focus on prevention and proactive management of diabetes and cardiovascular disease, pediatric obesity, smoking, mental illness, and substance use disorder for Apple Health clients.
3. Accelerate Medicaid payment reform to pay providers for better health outcomes.

4. Bend the Medicaid cost curve by two percentage points below national trend.

The transformation projects envisioned in the waiver application are intended to build upon the foundation established by the SIM grant. For example, ACHs are seen as the coordinating entities for the identification and oversight of those projects; and evaluation of performance and outcomes is expected to use the measures established under SIM. The waiver will accelerate the structures built under SIM.

Workforce capacity

The Healthier Washington team continued to convene the Community Health Worker task force. This has been a process of planning and organizing the series of community meetings, invitation list and sponsors. Meetings occur monthly with planning in between.

Read more about this

[Community Health Worker Task Force](#)

Health information technology

Considerable work continued to advance health information technology adoption and implementation of analytical tools to support health care service delivery and payment reform models.

- AIM planning efforts continued, including engagement with Gartner to develop a “Business Intelligence/Shared Analytics Roadmap.” During this quarter, Gartner led several workshops, where they:
 - Assessed the strategic goals for Healthier Washington and “maturity” of state agencies,
 - Performed a gap analysis in terms of our current capabilities and what will be needed for Healthier Washington,
 - Walked through the data architecture and data management requirements for Healthier Washington,
 - Helped us develop a Business Intelligence/Shared Analytics procurement strategy, based on our needs for Healthier Washington.
- An AIM charter, defining the goals, objectives, scope, roles and responsibilities and governance of our program was approved.
- An AIM Operations Team, consisting of representatives across Healthier Washington partner agencies formed. The team will plan and perform the many activities needed for our AIM work.
- DSHS finalized the Behavioral Health Data Consolidation effort’s data dictionary and model. The team filled senior project manager and business analyst positions, both of whom start in the fourth quarter.

Continuous quality improvement

The University of Washington delivered a draft driver diagram. It contained all of the Healthier Washington investment areas and the metrics and drivers that define them.

Status Reporting / Budget Reporting / Milestone Tracking have been in effect since mid-June. The creation of the program work plan has enabled date tracking at the milestone level and the

next step will be to standardize metrics for gauging project health, such as timely completion of key milestones, risk mitigations, and issues resolved in a timely manner.

Additional information

Performance Measures. The Performance Measures Coordinating Committee (PMCC) met in late October to review recommendations from the Behavioral Measure Selection Workgroup to include five additional measures. The PMCC selected one to move forward and recommended four homegrown measures go through pilot testing for one year before going into the set.

Shared decision making. Two activities of note this quarter:

- A draft certification process for decision making tools was completed, along with draft application documents for submission of patient decision aids for certification. Draft language for updating the Washington Administrative Code has been completed. Members of the International Patient Decision Aids Collaborative are assisting with finalizing certification criteria.
- Collaboration with partners and the Agency for Healthcare Research and Quality (AHRQ) to train providers using the SHARE curriculum. Expectation is that providers within the Accountable Care Networks will attend the trainings and begin using certified decision aids that address maternal health in 2016. ACHs were asked to recruit providers to attend the SHARE training, which uses a train-the-trainer model to spread the use of shared decision making strategies across the state.

Read more about this

[Performance Measures](#)

[Accountable Communities of Health](#)



All Partner Agencies By Investment Area	Year 1 Budget	Dollars Spent					% Spent	FTE's Spent
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total		
Community Empowerment	\$ 2,769,598	\$ 732,254	\$ 361,678	\$ 134,892		\$ 1,228,823	44%	2.5
Practice Transformation	\$ 1,830,774	\$ 8,308	\$ 40,341	\$ 60,110		\$ 108,758	6%	1.3
Payment Redesign	\$ 2,116,825	\$ 11,801	\$ 174,214	\$ 143,699		\$ 329,714	16%	2.9
Analytics, Interoperability & Measurement	\$ 9,443,606	\$ -	\$ 28,902	\$ 346,670		\$ 375,572	4%	0.5
Project Management	\$ 2,923,744	\$ 75,640	\$ 197,855	\$ 736,138		\$ 1,009,634	35%	8.6
TOTAL	\$ 19,084,546	\$ 828,003	\$ 802,989	\$ 1,421,509	\$ -	\$ 3,052,501	16%	15.8

HCA	Year 1 Budget	Dollars Spent					% Spent	28.0 FTE's
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total		
Community Empowerment	\$ 2,632,894	\$ 732,254	\$ 361,678	\$ 128,595		\$ 1,222,527	46%	2.4
Practice Transformation	\$ 703,309	\$ 8,308	\$ 40,341	\$ 26,618		\$ 75,266	11%	0.8
Payment Redesign	\$ 2,004,756	\$ 11,801	\$ 174,214	\$ 143,699		\$ 329,714	16%	2.9
Analytics, Interoperability & Measurement	\$ 7,958,585	\$ -	\$ 28,902	\$ 259,999		\$ 288,900	4%	0.5
Project Management	\$ 2,526,939	\$ 75,640	\$ 197,855	\$ 735,887		\$ 1,009,383	40%	8.6
TOTAL	\$ 15,826,484	\$ 828,003	\$ 802,989	\$ 1,294,799	\$ -	\$ 2,925,791	18%	15.3

DOH	Year 1 Budget	Dollars Spent					% Spent	7.4 FTE's
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total*		
Community Empowerment	\$ 39,395			\$ -		\$ -	0%	
Practice Transformation	\$ 1,030,156			\$ 22,419		\$ 22,419	2%	0.3
Payment Redesign	\$ 39,395			\$ -		\$ -	0%	
Analytics, Interoperability & Measurement	\$ 877,794			\$ 86,671		\$ 86,671	10%	
Project Management	\$ 155,010			\$ 251		\$ 251	0%	
TOTAL	\$ 2,141,750	\$ -	\$ -	\$ 109,341	\$ -	\$ 109,341	5%	0.3

DSHS	Year 1 Budget	Dollars Spent					% Spent	5.2 FTE's
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total*		
Community Empowerment	\$ 97,309			\$ 6,296		\$ 6,296	6%	0.1
Practice Transformation	\$ 97,309			\$ 11,073		\$ 11,073	11%	0.2
Payment Redesign	\$ 72,674			\$ -		\$ -	0%	
Analytics, Interoperability & Measurement	\$ 227,353			\$ -		\$ -	0%	
Project Management	\$ 111,336			\$ -		\$ -	0%	
TOTAL	\$ 605,980	\$ -	\$ -	\$ 17,369	\$ -	\$ 17,369	3%	0.3

DSHS - RDA	Year 1 Budget	Dollars Spent					% Spent	3.0 FTE's
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total		
Community Empowerment								
Practice Transformation								
Payment Redesign								
Analytics, Interoperability & Measurement	\$ 379,874						0.0%	0.0
Project Management								
TOTAL	\$ 379,874	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0

OFM - GOV OFFICE	Year 1 Budget	Dollars Spent					% Spent	0.9 FTE's
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total		
Community Empowerment								
Practice Transformation								
Payment Redesign								
Analytics, Interoperability & Measurement								
Project Management	\$ 130,460	\$ -	\$ -	\$ -		\$ -	0.0%	0.0
TOTAL	\$ 130,460	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0

* Invoices through July 2015.

Healthier Washington

Year 1 Quarter 3 Budget Status Report

Expenditures for February-October, 2015

Combined expenditures and FTE's for all Partner Agencies (HCA, DOH, DSHS, OFM-GOV)

From: Enterprise Agency Financial Reporting

	Year 1 Budget	Total Spent	
Community Empowerment	2,769,598	1,228,823	
Practice Transformation	1,830,774	108,758	
Payment Redesign	2,116,825	329,714	
Analytics, Interoperability and Measurement	9,443,606	375,572	
Project Management	2,923,744	1,009,634	
	19,084,547	3,052,501	16%

