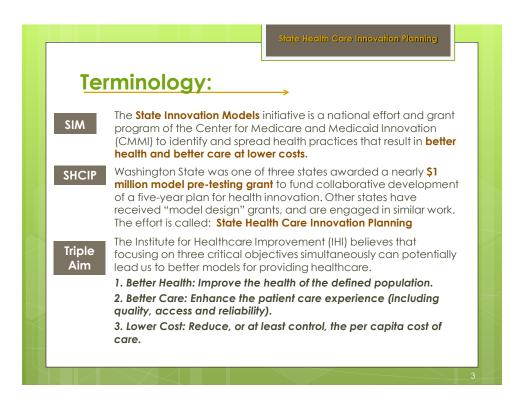
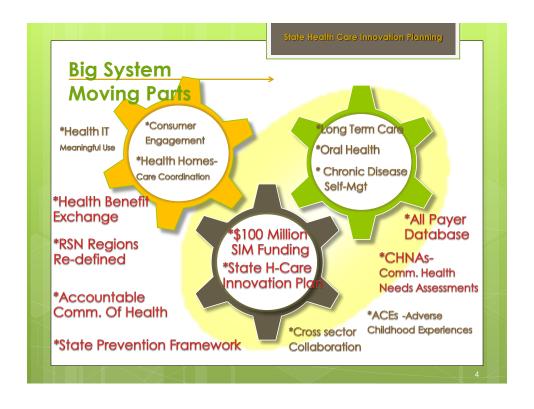


#### Today's Objectives

- Context Setting and Background of State Health Care Innovation Plan.
- "Big Picture" overview of how the State Health Care Innovation Plan is seeking to drive health systems transformation in Washington
- Overview of the aims and major proposed innovations of the Innovation Plan
- Next Steps: Community of Health planning coalitions at the county level and regional aspects.





# **SIM Grant and ACH Opportunity**

SIM Grant Timeline: Project period Jan. 2015-Dec. 2018

- State SIM Application for \$100 million
- Application went in on July 21, 2014
- Award Notification: October 31, 2014 (tentative)

#### **ACH Opportunity for Regions**

- Two anticipated ACH pilots for most "ready" regions
  - Facilitate multi-sector engagement to achieve healthy communities & promote whole person health
  - Facilitate transformative change in healthcare

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State Health Care Innovation Planning

#### **CURRENT SYSTEM...has challenges**

- Focus on emergent symptoms, not early mitigation of disease & optimum long-term outcomes
- Fee-for-Service supports the inefficient system and pays for the wrong things.
- Disparate pockets of Innovation that we don't facilitate learning and best practice sharing across the state.
- **Too much focus on the 10%,** not enough on the other determinants

### **Three Core Strategies**

Supported by HB 2572 & SB6312

- Build healthy communities and people through prevention and early mitigation of disease throughout the life course.
- Drive value-based purchasing by rewarding quality heath care over quantity, with state government leading by example as Washington's largest purchaser of health care "First Mover".
- Improve chronic illness care through better integration of care and social supports, particularly for individuals with physical and behavioral health comorbidities.

State Health Care Innovation Planning

## HB 2572 & SB6312

- **HB 2572: Authorized and financed** initiation of foundational Innovation Plan building blocks including:
  - Regional mobilization,
  - Clinical-community linkages and practice transformation,
  - Improved data collection architecture for performance and transparency metrics, and
  - Integrated Medicaid managed care procurement tied to enhanced performance metrics.
- SB 6312: Mandated integrated physical and behavioral health purchasing options for Medicaid coverage beginning in 2016, with fully integrated physical and behavioral health purchasing expected by 2020.

### Seven Building Blocks In the SHCIP

- Quality and price transparency
- Person and family engagement
- Regionalize transformation
- Accountable Communities of Health (ACHs)
- Leverage and align state data
- Practice transformation support
- Workforce capacity and flexibility

State Health Care Innovation Planning

### Washington State as "First Mover"

Lead through Active Purchasing role:

- Shift away from traditional fee for service to outcomes based payment and care delivery and building on and strengthening linkages to communities and public health.
  - Set core priority outcomes and measure
  - Align public and private purchasers
  - Leverage procurements

Convene and Partner: Assure needed infrastructure supports and accountability are in place to assist, drive and sustain health and healthcare transformation

