

# CASCADE PACIFIC ACTION ALLIANCE

~ Improving Community Health & Safety ~

## Purpose

The **Cascade Pacific Action Alliance** is formally established as a regional association of independent stakeholders focused on a shared action agenda to improve individual and community safety and well-being, while advancing the *Triple Aim*. The goals of the *Triple Aim*, as adopted by the Centers for Medicare and Medicaid Services (CMS), are defined as: Improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of healthcare.

### We do that by:

- Hosting a regional table of cross-sector stakeholders to design and implement health system improvements, including state and local governments, health and social service providers, insurance companies, businesses, foundations and other community partners;
- Identifying and advocating for shared, regional priorities;
- Proactively designing and testing the feasibility of the state's regional innovation plan; and
- Positioning our region for potential federal, state and other funding.

The **Cascade Pacific Action Alliance** is a voluntary association convened in the spirit of collective impact. It includes Grays Harbor, Lewis, Mason, Pacific and Thurston counties, and is open to other, neighboring counties interested in participating.

## Rationale

*We believe that by coming together, proactively responding to and helping to implement change efforts in ways that meet local needs, and speaking with one voice, we have the ability to influence how health care is delivered and purchased in our region.  
Collectively, we can have greater impact.*

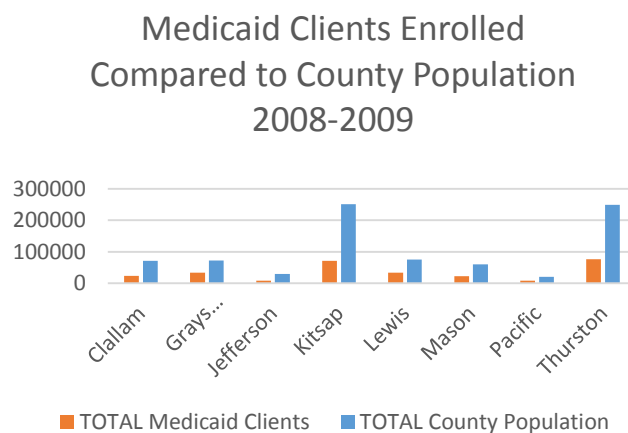
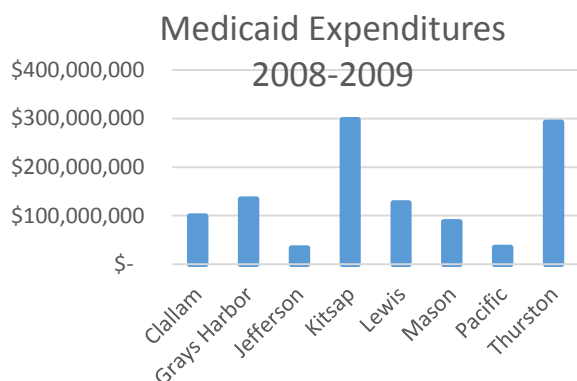
The **Cascade Pacific Action Alliance** is established in the context of federal and state reform efforts that fundamentally and directly affect the future of local communities, including:

- Washington State's Health Care Innovation Plan submitted to CMS in December 2013, which creates regional communities of health (COHs), including one for our 8 counties; and
- State legislation (HB 2572, HB 2639, HB 1519, among others) to restructure Medicaid procurement, set local performance measures, provide grants to regional communities of health, and integrate mental health and chemical dependency services.

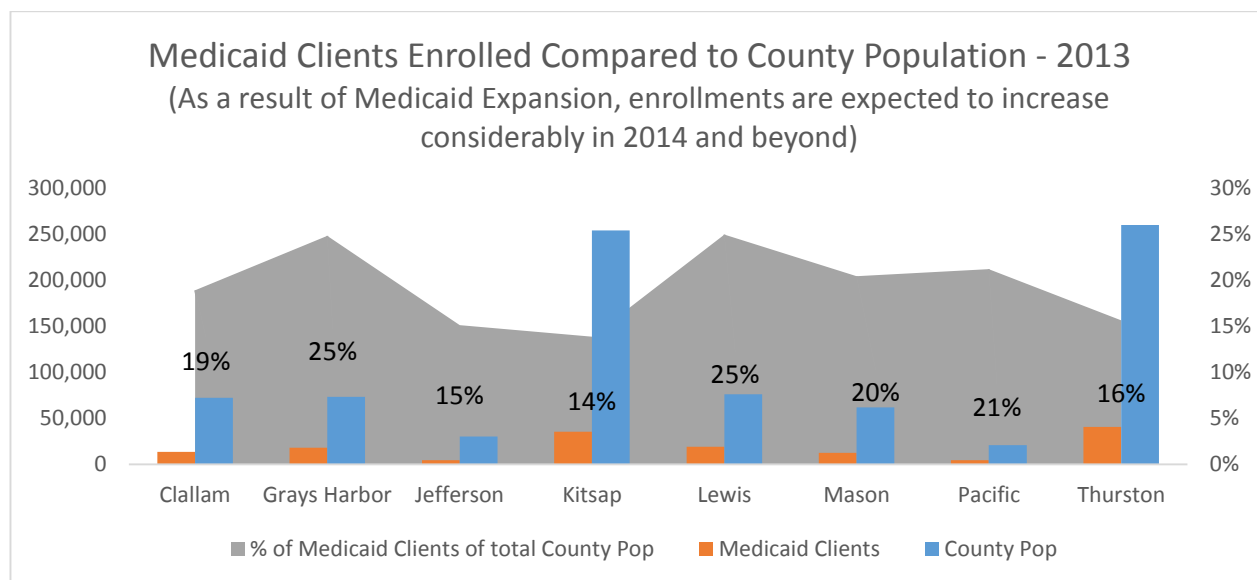
**Bottom Line:** These and other initiatives will impact how health care is delivered and purchased in our counties — a region with at least a **\$5.7 billion health care industry** and a **\$1.1 billion Medicaid budget**.

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## Why This Matters to Us



Source: 2008-2009 DSHS Client Data retrieved from: <http://clientdata.rda.dshs.wa.gov/>



Source: Medicaid Clients: HCA, People Enrolled by County, October 2013; & County Population: OFM, April 1<sup>st</sup> Official Population Estimates

## Operating Principles

- **Inclusiveness:** Keep an open door. Promote broad participation from throughout the region and across sectors, including, but not limited to health care and social service providers, public health and Boards of Health, health plans, employers/businesses, local and state government agencies, criminal justice and other stakeholders that impact health throughout the region.
- **Equality:** All participants have equal standing regardless of organizational size, resources, etc.
- **Consensus:** Decisions are made by consensus. If stakeholders cannot come to agreement, work the issue until everyone can support. Focus on common ground.
- **Shared Learning:** Focus on exploring and sharing opportunities for innovation.

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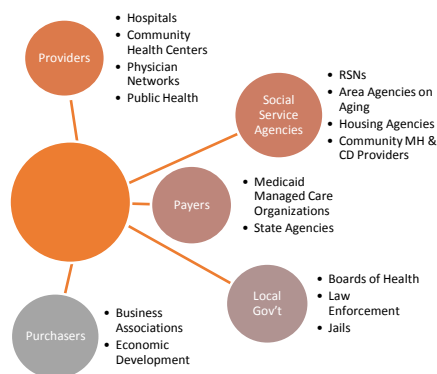
## Shared Leadership Structure

The **Cascade Pacific Action Alliance** is a voluntary association of diverse stakeholders with a shared leadership structure that incorporates both a regional and existing, local tables (see figures 1 and 2).

Shared Leadership (figure 1)



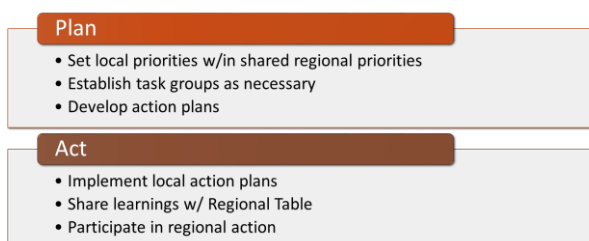
Diverse Health Stakeholders (figure 2)



Regional Table (figure 3)



Local Table (figure 4)



- Host a **Regional Table** that brings together diverse stakeholders from throughout the region to (figure 3):
  - ✓ Determine shared priorities for action for the entire region;
  - ✓ Receive reports from Local Tables (see below) and assemble a regional implementation picture;
  - ✓ Facilitate shared learning among Local Tables (sharing of best practices and new ideas);
  - ✓ Follow up on issues and actions that require a regional response in order to be moved forward (e.g. regional advocacy, issuing of policy statements, activities related to the State Health Care Improvement Plan, etc.);
  - ✓ Follow up on issues and actions that require a regional response in order to be moved forward (e.g. regional advocacy, issuing of policy statements, activities related to the State Health Care Improvement Plan, etc.);
  - ✓ Modify shared regional action priorities as necessary based on Local Tables' work, needs and feedback.

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2. Leverage **Local Tables** that are county-specific to convert shared regional priorities into concrete action (figure 4):
  - ✓ Rely on key champions in each county to bring together the right people, begin the conversation, host meetings and maintain momentum (local leadership);
  - ✓ Establish task groups with wide variety of community stakeholders to address specific regionally prioritized implementation goals; task groups are open to all, but targeted outreach to key stakeholders is necessary to assemble the right expertise and move the action agenda forward on a specific topic.

### Approach

- Collaborate across systems to improve our community safety and well-being (e.g., criminal justice, health, education, business and social services)
- Proactively engage on the State's Health Care Innovation Plan to:
  - ✓ Test feasibility and implementation of key SHCIP concepts/elements; and
  - ✓ Position the region for potential funding from State and/or CMS.
- Define health improvement broadly within framework of social determinants of health, not only from a medical perspective (e.g., county health rankings).
- Focus initially on "low hanging fruit"/"easy wins" within the plan to build confidence, trust and forward momentum; address more challenging and complex change agenda later.
- Be data driven. Use data to inform choices and guide action priorities. Develop regional data collection and analysis capabilities. Aggregate county-specific health needs assessments into region-wide assessment.

### Decision Making

The **Cascade Pacific Action Alliance** aims to reach consensus on key decisions. Consensus in this context does not mean 100% agreement on all parts of every issue, but rather that all members review a decision in its entirety and can say "I can live with that." While decisions are not binding on individual members, members are encouraged to adopt collective positions, recommendations or other decisions for joint action where possible.

# CASCADE PACIFIC ACTION ALLIANCE

## Cascade Pacific Action Alliance Charter Approval

The undersigned acknowledge they have reviewed this community charter and agree to launch the **Cascade Pacific Action Alliance**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
County/ies Served: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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