Alignment of Accountable Communities of Health and Regional Service Areas

Introduction:

Washington's regional Medicaid purchasing strategy and Accountable Community of Health (ACH) initiative are operating in parallel tracks but are integral to one another and to Washington achieving better health, better care at a lower cost. As Washington moves closer to designating Regional Service Areas (RSAs) for Medicaid purchasing, Washington needs to establish a policy regarding ACH and RSA ratio.

Context and Recommendation:

Currently, service areas differ for many state financed health care, social support and other essential state services. With a common regional approach for Medicaid purchasing, the state intends to:

- Promote alignment of state services across common regions starting with Medicaid purchasing, but encouraging additional alignment over time with other state agencies and local services to support a "Health in all Policies" approach.
- Facilitate shared accountability within each RSA for the health and well-being of its residents.
- Empower entities within the region to develop bottom up collaborative approaches to health transformation that are representative of community priorities, populations and environments.

While moving toward fully integrated purchasing on a regional basis will create administrative and financial efficiency and support service integration, health system transformation requires additional alignment. Health system transformation depends upon further coordination and integration at the delivery system level with community services, social services and public health and building the necessary linkages and supportive environments to address the needs of the whole person. This strategy will be greatly enhanced by the development of ***one*** ACH within each RSA.

Though not required in statute, it is desirable from an administrative, business, and community linkages perspective to align Medicaid purchasing regions and ACH. The State is currently in the process of developing policies around engagement of the ACH as a partner in purchasing. The partnerships expected of the ACH for the region (i.e., with State and the managed care plans) are strengthened if there is one ACH within each RSA. Furthermore, engaging other agencies and entities to adopt RSAs to support a health in all policies approach will be more difficult, if not unrealistic, if the State pursues multiple ACHs within one RSA. This is represented on the ACH/RSA ratio matrix below.

Below is a matrix of ACH/RSA ratio models along a preference continuum from ideal to undesirable, which supports the context and recommendation above. Below the matrix is additional information regarding the role of the backbone support function within the ACH framework.

Continuum	Ratio: ACH-RSA	Possible Governance and Organizational Structure
Ideal	1:1	There are multiple governance models that could be viable for this option. • **Single County RSA:** Multiple governance models will work, and there is an advantage in only having to work with one county structure. Most likely a stronger, centralized governance structure will be present. Most likely, sub-committees will reflect functional areas, rather than individual communities within the County. • **Multi-County RSA (1):** Similar governance structures employed by a single county RSA, however added complexity exists in incorporating multi-county representation. In a region with a strong history of regional health improvement work, a governance structure with cross county representation on functional and/or "aim" focused sub-committees is viable. • **Multi-County RSA (2):** Utilize a centralized governance model, in additional to functional and/or "aim" focused sub-committees; the ACH will have county level sub-committees to reflect the needs of each county.
Viable	1:1	• **Multi-County RSA (3):** Utilize a federated model, which still employs a central governance structure, but places more decision-making within regional sub-committees that represent either counties or pre-formed alliances created due to Community of Health Planning and/or other regional health planning efforts. • **Multi-County RSA (4):** Utilize a confederated model, which rests a small amount of power in a central governing structure which is representative of all counties or initial community of health planning grantees within a region, but places much more control in the county and/or existing community of health structures. Accountability to the State would still reflect demonstration of health improvement and coordination at the regional level.
Potentially viable	1:1 with shared backbone support	• This is a potential option for (multiple) RSAs which fall within the geographic planning region for a single Community of Health grantee. • It would still be critical for each RSA to establish its own ACH governance structure; however each ACH governance structure could be supported by one operational arm. The operational would play an "administrative support organization" role.
Potentially viable	1 ACH: Multiple RSAs	• It is possible for one ACH governance model to serve multiple RSAs. • The backbone support would need to reflect the specific governance model to ensure appropriate coordination, facilitation, engagement, etc. • It would still be critical for each RSA to have a forum for engagement and coordination that contributes to the collective decision-making process. • It would be critical to ensure community partners support the shared governance model, otherwise this is not viable.
Undesirable	Multiple ACHs: 1 RSA	• As reflected above, the governance structures are accommodating for the level of centralization of governance desired to recognize sub-regional, county and community uniqueness. The State does not believe setting up multiple ACH structures within a RSA meets the desired goals the State envisions for the ACHs, especially in regards to their role as a partner in procurement.

Defining "backbone support:"

- Could represent roles filled by multiple entities rather than functioning as a single backbone organization.
- Not the power center of the initiative but the "support leader." A neutral convener.
- Provides operational and administrative support and guidance to the governing members and facilitates and informs the decision-making process. Some key roles over time could include: guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy and mobilize funding.
- May be the recipient or a subcontractor. Should reflect local circumstances and leverage local strengths.
- For the ACH granting process, the backbone support function could be the grant recipient. There should be demonstration of a community process and agreement of the core members of the ACH that the backbone or shared backbone support functions are indeed recognized and supported by the region. If a region decides to utilize a "bifurcated" or decentralized model they should explain and differentiate roles and responsibilities as well as how they will align.

Defining the ACH:

- The ACH represents the entire partnership and is not the same as the backbone support. The ACH includes the engagement, governance and decision making structure, along with the backbone support functions.
- The ACH is the decision-making body, supported by the backbone, which is not the decision-making body.
- The governance and decision-making function may be developed and led by the backbone support. There may be overlap in representation, but if there is overlap there will need to be safeguards in place (e.g., bylaws, charters, etc).