[From the NC ACH Governance Charter, July 8, 2015:]

NCACH Purpose and Rationale

The purpose of the North Central Accountable Community of Health is to improve the health of our communities in Okanogan, Grant, Chelan and Douglas Counties through achievement of the Triple Aim, which includes:

- Improving patient care, including quality and satisfaction;
- Reducing the *per-capita* cost of health care, and;
- Improving the health of the population.

There is a diversity of opinion in North Central Washington about health care reform, but one common principle informs NCACH's work: major changes are coming to our health care system, and it is critical for our communities to have a strong voice in that process. NCACH is the primary vehicle through which our communities can be heard and can participate in the process of change.

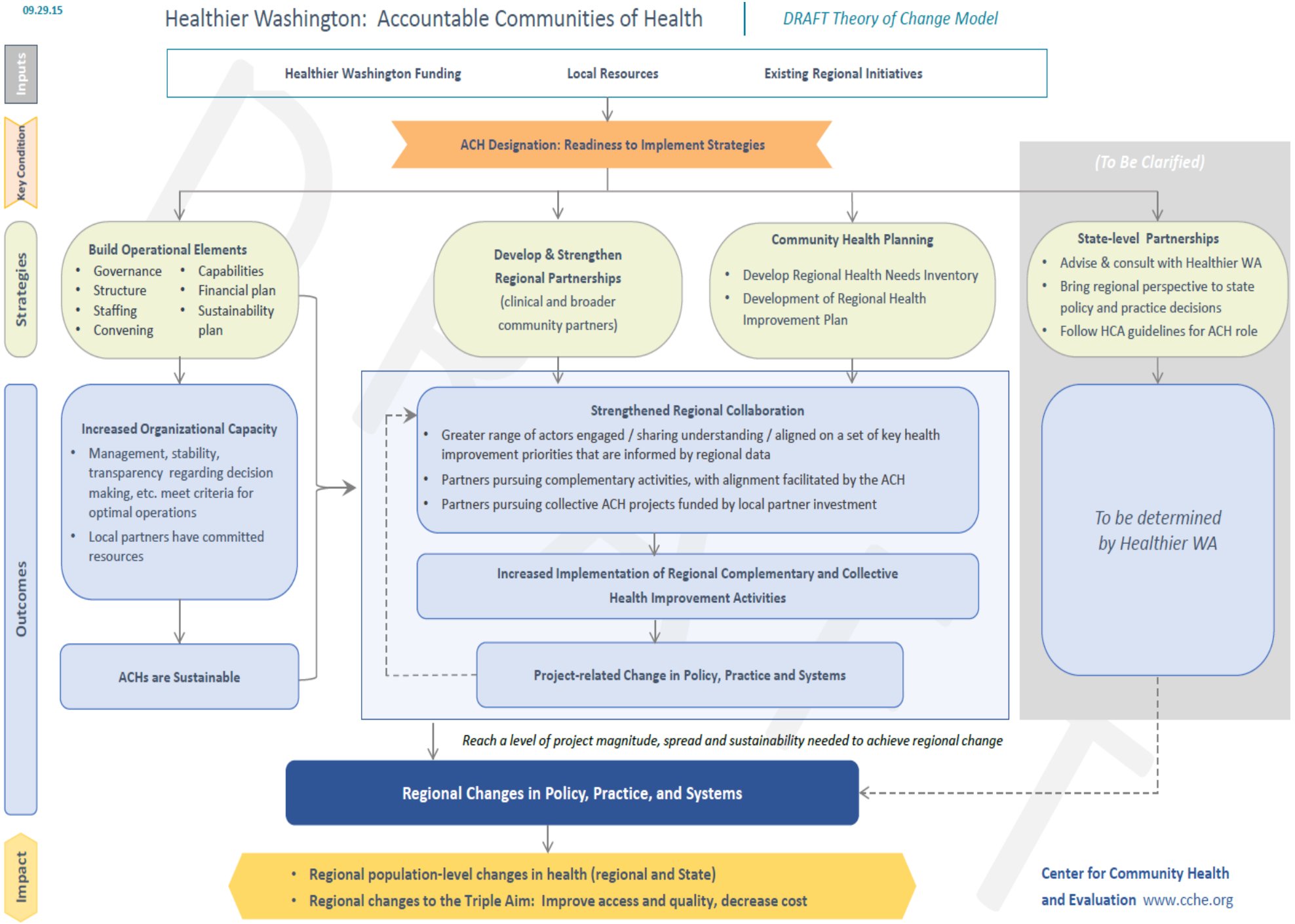
Guiding Principles

1. To achieve the changes needed for improvement in the health and health care of our communities, purposeful collaboration between health care, social service, government, education, business and community-based sectors is required.
2. To be successful, communities must be engaged to shape their goals and strategies for community health improvement. Thus, our governing and decision making bodies will include substantial representation from outside the medical care delivery sector. Members will be drawn from public health, education, social services, community-based organizations, business, government, tribes and other community leaders, as well as from the long-term care, medical, and behavioral health care delivery systems, including health plans and purchasers, hospitals, primary care and specialty providers.
3. Significant, even disruptive change is already beginning in our health care system. The way health care is currently organized and delivered will not be effective in achieving our shared aims. We recognize that in order to be successful as an ACH some of our strategies must focus on: a) improving connections between health care system and the community, and b) giving people the tools needed to help them make informed and responsible decisions about managing their own health. The region already includes provider organizations that are leading these changes and are committed to providing continued leadership in transforming our care delivery system.
4. Reform efforts will present serious challenges, and in some cases even survival threats, to health care organizations in this region. Providers in rural areas face challenges different from those seen in more densely populated areas. An important purpose of NCACH is to assure that rural providers and health care organizations in this region have a voice in upcoming health system changes, and that the needs of rural communities are recognized as state, regional and local health care system decisions are made.

5. To improve overall community health we need to address upstream determinants of health and health disparities, and strengthen the system of home and community based supports that can stabilize the health of our most vulnerable community members. Given that most drivers of health occur outside the health care delivery system, significant improvements in community-based prevention are needed if we are to sustain health care savings in the long run.
6. A substantial percentage of the savings from population health improvement and health care delivery system improvement should be invested in effective community-based prevention programs and initiatives identified at the local level through community health improvement plans and other efforts.
7. Improved data on health and health care will be a critical tool informing our decisions and will empower us to leverage best practices.
8. It is critical for NCACH to operate in a transparent and inclusive manner. Meetings will be open to all interested parties to the extent possible, and partners from various sectors will be encouraged to attend.
9. NCACH leaders are chosen in part because of the organizations or communities they represent. It is appropriate for them to assure that the views and interests of those they represent are included in NCACH discussions. When making ACH decisions, however, members of the Governing Board and Regional Council must consider issues from a regional perspective, rather than from the narrower perspective of their organization, affiliations or localities.
10. Information related to upcoming Governing Board decisions will be widely distributed to all interested partners as early as possible.
11. Because important health care sectors (MCOs, for example) may have multiple members in attendance at Governing Board meetings, the Board will be as flexible as possible in allowing time for groups to caucus to assure that their representatives on the Board are well informed of their views before decisions are made.
12. The Governing Board will allow regular opportunities for public comment at its meetings.

End of Governance Charter Excerpt

[On the following page is a draft schematic of developed by the Center for Community Health and Evaluation, the outfit that is implementing the ACH evaluation effort. It is one interesting view of the many aspects of the ACH effort.]


09.29.15
Healthier Washington: Accountable Communities of Health
DRAFT Theory of Change Model
Inputs
Healthier Washington Funding
Local Resources
Existing Regional Initiatives
Key Condition
ACH Designation: Readiness to Implement Strategies
(To Be Clarified)
Strategies
Build Operational Elements
Governance
Structure
Staffing
Convening
Capabilities
Financial plan
Sustainability plan
Develop & Strengthen Regional Partnerships
(clinical and broader community partners)
Community Health Planning
Develop Regional Health Needs Inventory
Development of Regional Health Improvement Plan
State-level Partnerships
Advise & consult with Healthier WA
Bring regional perspective to state policy and practice decisions
Follow HCA guidelines for ACH role
Outcomes
Increased Organizational Capacity
Management, stability, transparency regarding decision making, etc. meet criteria for optimal operations
Local partners have committed resources
Strengthened Regional Collaboration
Greater range of actors engaged / sharing understanding / aligned on a set of key health improvement priorities that are informed by regional data
Partners pursuing complementary activities, with alignment facilitated by the ACH
Partners pursuing collective ACH projects funded by local partner investment
Increased Implementation of Regional Complementary and Collective Health Improvement Activities
Project-related Change in Policy, Practice and Systems
ACHs are Sustainable
To be determined by Healthier WA
Reach a level of project magnitude, spread and sustainability needed to achieve regional change
Regional Changes in Policy, Practice, and Systems
Impact
Regional population-level changes in health (regional and State)
Regional changes to the Triple Aim: Improve access and quality, decrease cost
Center for Community Health and Evaluation www.cche.org

[HCA recently described the ACH Role in the proposed 1115 Global Medicaid Waiver in this slide:]

ACHs will coordinate regional transformation efforts

Initiative 1

ACHs will:

- Organize ACH members and partners.
- Coordinate project applications.
- Contract with the state to receive funds.
- Distribute funds to partners carrying out transformation projects.
- Report on progress.
- Work with the state and partners to ensure sustainability.

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Better Health, Better Care, Lower Costs

[On the following pages is a document developed by HCA in February of 2015 showing a matrix of possible ACH activities and purposes. This was not meant as a set of requirements, but does reflect their thinking about ACHS. Note that this was written before the Waiver proposal was developed.]

Note: This is a draft document and even the final version is expected to evolve over time. These activity categories correspond with a high level logic model / concept framework. These categories and sub-categories are not a comprehensive list of activities but represent the main buckets of work that the ACH will implement. There is additional detail needed to reflect areas of focus initially and ongoing, which aligns with the idea that the ACH will progress and focus on different functions at different stages. In addition, these focus areas along the ACH maturation pathway will drive the ACH funding model.

Activity Category	Sub-Category	Purpose
Administration and management / backbone support	Financial management systems	Infrastructure to manage funding and contract requirements provided by the State. This effort requires more significant up-front investment and sustained investment over the course of the performance period.
	Operational infrastructure and backbone	A system of support for the ACH that reflects the broader engagement strategy and governance structure, ensuring the backbone supports but doesn't undermine the governing body. Some adjustments may be required down the road, but the majority of these efforts are initial priorities.
	Communication structures/supports	Effective communications with and between state and regional partners, including communities. Again, maintenance and ongoing investment is required but communications infrastructure and systems will be prioritized initially.
Governance	Structure for Decision Making	A system for decision making that reflects the diverse partnership and leverages the engagement structure. May need adjustment over time but the initial systems will require the most effort.
	Processes, agreements and role clarity	Functional governance structure is in place and the partnership has a solid operational framework. More significant effort will be prioritized early on with future adjustments as needed.

Sustainability	Savings and Reinvestment	A sustainability plan is implemented to sustain the ACH beyond the performance period. The effort will be a priority in the middle of the performance period after the ACH structure is established and before SIM Round 2 funding ends.
	Resource Identification	Regional resources are identified and leveraged to support the sustainability plan and the role of the ACH. This process will be prioritized initially and resources will be leveraged ongoing.
Engagement and Participation	Cascading Engagement Strategy	Engagement strategy aligns with the collective impact model and reflects the diversity of the region. This is a necessary activity for the duration of the grant although this strategy needs to be developed and implemented early on with adjustments along the way.
	Inclusion, participation and engagement	Authentic engagement and participation of the multiple sectors, reflecting the cascading engagement strategy. Inclusiveness is an initial priority and will take effort, but it must be maintained.
	Coordination with the State and Other Regions	ACH initiative reflects a state-community partnership and that ACHs learn and develop together as peers. Initial priority, especially considering the mechanisms to be developed, and ongoing investment.
Health Improvement	Regional Environmental Scan	Clear understanding of resources and needs on a regional basis that is shared by the ACH partners. Initially an inventory will be prioritized and then a needs assessment process will be led by the ACH, which will require more work initially to establish a system.
	Health Improvement Plan	Action plan for the region that recognizes the environment, including resources, gaps and health priorities.

Data and Measurement	Measurement, Evaluation and Improvement	A shared measurement system to track progress toward the ACH outcomes that align with regional and state priorities.
	Data Access, Collection and Dissemination	ACH will serve as a data coordinator for regional partners. Data will inform purchasing priorities, policies and service delivery improvements resulting in improved whole person health.
	Regional and Community Analytics	Data driven decision making process, including systems and dashboards that align with state and national AIM efforts. Not an initial priority, although ACHs will be expected to establish a process and consider available data. More mature ACHs will focus on dashboards, metrics/evaluation, etc.
Coordination of Investments and Delivery System Transformation	Liaise and Coordinate	The ACH will play a pivotal role in linking regional efforts and the state. This includes being an advocate for local needs and processes, being the coordinator to ensure information is being distributed in a timely and effective fashion, and playing a key role in the Hub and Practice Transformation. An ACH that is successful in being a liaison and coordinator will have a region with aligned and complementary services (instead of duplicative or competing) and a strong grasp of regional needs, priorities and strengths.
	Delivery Systems Transformation	Improve delivery systems, including clinical community linkages, care coordination, system linkages and integration.
	Workforce	Workforce development and the coordination of shared services among partners and programs.

Payment	Partnership with Health Plans	Value based purchasing is the expectation and delivered by all plans to all populations. Improved and strengthened capacity of providers competent in delivery of person-centered care.
	Purchasing Strategies / Changes	To leverage the diverse multi-sector partnership to improve regional purchasing based on value and outcomes. Initially, this role will focus on the state's use of ACHs within MCO contracting. This role will formalize and expand over time with ACHs proactively identifying gaps and opportunities, along with an evaluation role.

[The following document, which relates mainly to ACH Readiness, is included because it gives some insight into HCA expectations for ACHs in 2016-2018.]

Accountable Communities of Health: Designation and Development Activities and Outputs (5.15.2015)

Background

- We are focusing on the ACH activities to be carried out in 2015-2016. These include activities and outputs required for ACH designation (**bold blue text** in the table), as well as activities beyond the designation criteria for ACHs to initiate (*italic purple text* in the table), such as setting up a regional health needs assessment and planning process (but not completing it), beginning to work in areas of delivery system reform, and a roadmap for the development of a plan for sustainability.

- The evaluation measures for 2015-2016 are largely based on deliverables and corresponding outputs, e.g., creating governance documents/plans, and participating in planning processes at the local, regional and state levels. While the deliverables set the stage for future health improvement activities, over time the state will consider more outcome based measures. Examples of future activities/deliverables are included in the 2016-2018 column. Please note that ACHs will always have deliverables/outputs to reflect specific activities of work. There is a distinction between deliverables/outputs and measures for regional health outcomes.

- While we anticipate the funding amount to be the same for each region, we recognize that some areas will require more or less time so there is a window of 6 to 12 months from the Date of Execution (DOE), and the DOE is based on demonstration of ACH readiness, not a pre-determined award date.

- As for designation criteria, we are looking for demonstration of development and progress, in alignment with contract deliverables. It is important to note that this does not mean contract deliverables must be complete by the intended date of designation. The existing Design contracts could run parallel to ACH designation as long as the minimum requirements are met, demonstrating readiness to take on the additional (but aligned) activities. This will be outlined in more detail within the Readiness proposal framework (May 15), but examples are identified within the matrix below.

Assumptions

- All proposals within this framework are contingent upon CMMI approval.

- CMMI will allow for carry-over of funds to complete deliverables that are not finished by January 31. This allows "rolling designation" and aligns with our principle of the right funding at the right time for the right reason, as opposed to a manufactured timeline.

- A general health improvement activities category is included in the Phase 1 scope of work to provide flexibility for sub-awardees to work on activities beyond those required as part of Phase 1.

- Regional collaboration is not a deliverable but is an expectation as regions continue to partner with each other and the state, including access to technical assistance resources and shared learning.

ACH Designation Criteria (outputs specified in table below, see **bold blue text**)

- Demonstration of operational governance structure, interim or otherwise, including plan for testing/adjustment.
- Governing body membership reflects balanced, multi-sector engagement. At a minimum, balanced engagement refers to the participation of key community partners that represent systems that influence health; public health, the health care system, and systems that influence the SDOH, with the recognition that this includes different spheres of influence. The governance model should also include a process for modifying as the environment changes.
- Community engagement activities are underway and additional community engagement activities are planned in addition to engagement that occurs through the governance structure (e.g., ACH governing body and committee meetings).
- Established backbone functions to perform financial and administrative functions. These functions can be performed by one or more organizations, interim or otherwise, and must demonstrate accountability to the ACH. Includes a process for ongoing evaluation and confirmation of the backbone organization(s).
- Initial priority areas (service gaps and/or health priorities) and strengths identified as part of ongoing regional needs inventory and assessment development. Initial regional health improvement project(s) or plan identified. Plan in place to continue this development in alignment with forthcoming ACH technical assistance opportunities (i.e., framework for regional initiatives inventory and priority identification).
- Initial operating budget established. Initial sustainability planning strategy documented and includes, but is not limited to, initial considerations for enhancing revenue base. This strategy could include a summary that outlines early efforts to consider Federal, State, local and private philanthropic resources to sustain the ACH.

Each of the above requirements should include potential next steps or opportunities as they relate to the forthcoming ACH technical assistance. The frameworks and guidance that will be provided via technical assistance for the above deliverables will support ongoing efforts, whether to assist with completion of the minimum requirements outlined above or the ongoing efforts that extent beyond these milestones.

ACH Activities and Outputs

Area	ACTIVITIES Pre-ACH activities (to achieve designation) *Additional activities for 2015-2016 (beyond designation)*	**OUTPUTS & PROCESS MEASURES**	**Examples of Potential Activities & Outputs for 2016-2018**
Governance & Structure	• Refining governance, decision making, & engagement, including backbone functions, that reflect multi-sector participation with systems that influence health; public health; the health care system; and systems that influence the SDOH • Sustainability planning, including resource/partner engagement and coordination with state/TA, for initial priorities to develop a long-term sustainability plan post-grant • *Developing a structure for funding pass-through and corresponding financial accountability within the ACH* • *Developing a communication plan*	• **Bylaws or charter(s) written that address governance, engagement strategies, membership, roles, and responsibilities** • **Decision making plan developed and approved by governing or advisory board(s), including conflict resolution strategy** • **Conflict of interest disclosure created or decision documented addressing the ACH's policy on COI** • **Process established to adjust ACH structure as issues/gaps emerge over time** • **Framework for sustainability planning developed, including considerations around financial and social capital** • *Financial, human resources and accounting structure established* • *Communication plan established*	• Further refinement of governance structure, membership, roles and responsibilities • Sustainability and communication plans implemented

Area	ACTIVITIES Pre-ACH activities (to achieve designation) *Additional activities for 2015-2016 (beyond designation)*	**OUTPUTS & PROCESS MEASURES**	**Examples of Potential Activities & Outputs for 2016-2018**
Health Improvement & Measurement	• Begin conducting a regional health needs inventory to identify initial regional strengths and gaps (i.e., health status, services and programs that contribute to health or social determinants of health) and create a plan to develop a Regional Health Improvement Plan (RHIP) • *Formalizing a RHIP, in partnership with LHJs and other partners, and leveraging available data* • *Coordinating across membership and with state AIM and other related programs to inform regional analytic (e.g., dashboard) needs* • *Participating in development of common measure set for ACH's with State and regional partners, leveraging existing statutorily required measures and qualitative measures*	• **Draft or final health inventory developed and include priority areas (service/resource gaps and/or health/SDOH issues) and strengths (health/SDOH, services and/or resources).** • **Work plan in place to develop a RHIP (including potential support from ACH TA team) with goals, deliverables, a timeline, and roles and responsibilities** • *Draft plan for how to work across membership and AIM/state to create regional dashboard and data reporting system* • *Initial systems for collecting measures identified*	• Comprehensive regional health needs assessment • RHIP created, with concrete action plan and measureable objectives • Regional dashboard leveraged to drive decision making • Common measures developed and reported on regularly
Delivery System Transformation	• *Identifying health/SDOH improvement projects and developing a coordinated plan (in alignment with regional and state priorities), including exploration of ACH role in regional work* • *Engaging regional partners and the state on purchasing and delivery system improvements* • *Participate in development of regional linkages to Practice Transformation Hub* • *Participate in ACH development planning and health improvement activities* • *Support and activate members to collectively address state measures.*	• *Created draft plan for health/SDOH improvement project(s), including the ACH's role* • *Actively advising on purchasing and delivery system transformation efforts as they emerge, including responding to requests for feedback* • *Participation in Practice Transformation Hub development and activities* • *Activation across membership to collectively inform and respond to state measures.*	• Health improvement projects completed • Role in health system transformation and cultivation, including linkage to practice transformation hub • Advising on purchasing and delivery system improvements

[ACH relations with MCOs are one part of the picture, and this is HCA's recent take on that.]

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ACH-MCO Partnership Expectations

Introduction

The purpose of this memo is to be responsive to several questions submitted by ACHs and their partner organizations regarding health plan participation within the ACH initiative. The Health Care Authority (HCA) recognizes Health Plans are vital ACH partners and this memo clarifies specific expectations regarding the inclusion of Medicaid Managed Care Organizations (MCOs).

Summary

- It is critical to note that the State retains ultimate responsibility for the procurement of Medicaid Apple Health contractors and bears legal and financial responsibility, including monitoring and oversight.
- MCOs are still the risk-bearing entities within Regional Service Areas (RSAs). The intent is not and has never been to transition this risk-bearing function to ACHs.
- The purpose of each ACH is to convene multiple sectors and communities to coordinate systems that influence health. This convening and coordinating role is not intended to duplicate or replace the functions carried out by ACH member organizations. The role of the ACH is to coordinate the alignment of functions and investments to address regional priorities that contribute to the Triple Aim.
- MCOs play a vital role supporting and directing delivery system improvements and whole person care. HCA's expectation is that each ACH will recognize MCOs as vital partners to be included on the governing board.

There are several models currently in place within different ACHs. Below are two examples of promising models that ACHs should consider as they decide how to include MCOs within the governing board. These models will serve as the basis for ongoing discussion as ACHs continue to refine their partnerships with MCOs.

Recommended Models for MCO Inclusion

- **Rotating MCO Sector Spokesperson**[1]: All MCOs under contract with HCA to serve one or more Counties[2] in the RSA are invited to participate as MCO sector representatives to that RSA's ACH governing board. In this model, MCOs (as a sector) receive only one vote and accept responsibility for developing internal voting mechanisms to allow participation (e.g. rotational) without impacting the dynamics of the Board Meetings.
- **Equal MCO Sector Representation:** All MCOs under contract with HCA to serve one or more Counties in the RSA are invited to participate as MCO sector representatives to that RSA's ACH governing board. In this model, each MCO receives an equal vote. It is important to consider the requirement to have balanced multi-sector representation (i.e., this model would not work for a governing board if the majority of members were from the health sector).

[1] For more information, including recommended procedures, refer to the joint proposal submitted to HCA by MCOs.
[2] In the future, MCOs will be under contract to serve all Counties within the RSA.