

Update for Chelan-Douglas Partners on North Central Accountable Community of Health

July 20, 2015

Dear Chelan-Douglas Healthier Washington Partners:

Although we had expected to host a face-to-face update about now for North Central ACH partners in Chelan and Douglas Counties, we are respectful of your time and did not think there was enough new information to require a meeting. There have been significant developments, but they are mostly about efforts to organize an ACH as opposed to substantive health improvement activities. So we have chosen to provide this written update instead. We are aware that some partners have heard all the background on Healthier Washington several times, while others are new to the initiative and may want further information, so we invite you to contact any of us on the Governing Board if there is anything you want to discuss further.

That's right, the Governing Board. Its first meeting was Tuesday, July 14. Establishing a Governing Board has been one of the Leadership Group's key organizational goals this year and it is exciting to have reached this point. When the Governing Board has had a little time to get started, the Leadership Group (which has been coordinating this effort since mid-2014) will dissolve. The status of board membership is:

Kevin Abel, CEO, Lake Chelan Community Hospital, Public Hospital Representative

Winnie Adams, North Central ESD School Nurse Corps Administrator, Education Representative

Bruce Buckles, Executive Director, Aging and Adult Care of Central Washington, Aging Issues Representative

Patrick Bucknum, CEO, Columbia Valley Community Health, FQHC Representative

Jeffrey Davis, Vice President for Business Development, Confluence Healthcare, Confluence Representative

Gail Goodwin, Grant County Integrated Services, Behavioral Health Representative

Barry Kling, Administrator, Chelan-Douglas Health District, Public Health Representative, Governing Board Chair

Laurel Lee, Vice President for Member and Community Engagement, Molina Healthcare, Managed Care Organization Representative

Senator Linda Evans Parlette, Elected Officials Representative

Tom Thompson, CEO, Samaritan Hospital, Public Hospital Representative

Douglas Wilson, MD, Confluence Primary Care Tonasket, Confluence Primary Care Representative

Business Community Representative – TBD

Hispanic Community Representative – TBD

Tribal Representative – TBD

At-Large Representative - TBD

Regional Council (2 seats, non-voting) – TBD when Regional Council is established

15 Voting Seats

I have attached some slides used at the first Governing Board meeting to provide an overview of the Healthier Washington initiative. The Governing Board will be working to implement the Governance Charter (also attached), which was the result of considerable discussion among our partnership earlier this year. We greatly appreciated the thoughtful feedback received. The make-up of the board changed significantly as a result. Perhaps the key issue was the tradeoff between a board small enough to function well and a board large enough to represent the region. The role of the Regional Council – open to anyone who wishes to have a meaningful voice in ACH decisions – was enhanced with the requirement that the Governing Board consult the Council on significant decisions. We are still working to fill a few of the board seats, with an eye toward assuring representation from all four counties. Creation of a strong Regional Council will be one of the Board's early tasks.

There have been significant developments regarding the path we are taking toward the integration of state-funded behavioral and physical health care. The state's goal is fully integrated care by 2020. To fund integrated care, the Health Care Authority (or HCA, the agency which runs Medicaid) will contract with Managed Care Organizations for chemical dependency, mental health and physical health care. There will no longer be separate contracts for each type of care and the role of counties will be reduced. Care standards and payment methods will emphasize the integration of behavioral and physical health care, and will incentivize whole-person care. MCOs will work with provider organizations in the region to deliver this care. Originally, there were two paths to integrated care:

1. Early Adopter status, which requires complete integration by April 1, 2016. Only one region (SW Washington) is attempting this.
2. RSNs are replaced by Behavioral Health Organizations (BHOs), which purchase capitated behavioral health care (chemical dependency and mental health) between now and 2020. The main difference between an RSN and a BHO is that RSNs purchased mental health care but not chemical dependency treatment, while BHOs will purchase both kinds of care and will do so on a capitated basis. Medicaid physical health purchasing would remain separate until 2020. For the Chelan-Douglas RSN this would have meant merger with Spokane RSN, formation of a BHO based in Spokane, and eventual integration via a Spokane-managed solution by 2020.

There is not enough time for option 1 to happen in this region, while option 2 could undermine the effective health care network we already have in North Central Washington by placing integration in the hands of Spokane providers. A third path was negotiated (originally developed by the state to meet King County's needs) allowing for a North Central Washington solution. This involves formation of a North Central BHO in April 2016, with work toward full integration as soon as possible before 2020. Grant, Chelan and Douglas are pursuing this option together. Okanogan County opted out for now with regard to behavioral health, but is expected to eventually become part of fully integrated care in this region. Work to establish the 3-county BHO is under way. A detailed BHO proposal must be submitted to DSHS by October 30, 2015. Grant, Chelan and Douglas county commissioners are collaborating to make this happen.

Another feature of our work has been to organize two health initiatives. These are not meant to be region-wide large scale interventions, but are meant to get us started in the development of health improvement initiatives. Diabetes was chosen as a good way to start because it is so prevalent and because the issues involved are readily applicable to other major health issues such as the obesity epidemic and hypertension. One initiative focuses on diabetes care improvement, while the other involves community-based prevention of diabetes. Cathy Meuret of Chelan Douglas Health District and Deb Miller of Community Choice have organized workgroups to spearhead this effort. Selection of an intervention for the diabetes care initiative will occur soon, with the community-based initiative taking shape in the following weeks. You'll be hearing more about it. If you'd like to get more involved, contact Cathy (cathy.meuret@cdhd.wa.gov) or Deb (deb.miller@communitychoice.us).

One of the important issues to be addressed this year by the Governing Board will be the so-called Backbone Functions. These amount mainly to administrative support functions needed to make the ACH work. They could be provided by an existing organization or through a newly created nonprofit. We recently sent an invitation to all ACH partners in order to find out what organizations are interested in providing backbone support. That invitation letter is attached to provide more information if you're interested. At this point we are only asking for indications of interest; no commitment is expected. We have had a few contacts already, and will remain open to more by the July 30 deadline. The board will have to decide how to handle backbone functions by the end of October. A board workgroup was created at the June 14 meeting and tasked with the development of a backbone selection process.

The potential for a Medicaid Section 1115 Global Waiver, which could become a major factor in our work, has been highlighted over the last few months. A Medicaid Section 1115 waiver is a budget-neutral agreement with CMS (the Federal Medicaid agency) allowing a state to use existing Medicaid funds over a 5 year period to implement system improvements that will save at least as much money as the waiver provides. The Health Care Authority is working on a waiver proposal, which is still in the conceptual phase. The general idea is that by implementing more effective whole-person care the state can create a virtuous cycle in which the prevention of unnecessary care can fund continued whole-person services. As much as \$3B (that's right, Billion) may be involved. ACHs could have a significant role in implementing waiver activities. The proposal will continue to develop over the coming year and we will have opportunities for input.

Finally, I want to mention some upcoming tasks. One of our deliverables under the Design Grant (which we received from HCA to support our ACH work this year) is an assessment of health resources in the region. Work on that will be ramping up soon. Another major task is the development of a Readiness Proposal to HCA, due by the end of November, in which we will make our case for formal designation by HCA as an Accountable Community of Health. Some additional funding will become available once that happens. Further efforts will be made in the coming months to broaden our partnership and improve the engagement of various segments of our communities. In 2016, our tasks will include refinement of a regional community health needs assessment (with priorities), and development of a regional health

improvement plan. We should also start seeing some results next year from the rather massive effort to improve the health data available to us in this state.

Again, please do not hesitate to get in touch with any of us in the Leadership Group or on the Governing Board if you would like more information or discussion on any of our North Central ACH work. NC ACH documents can be viewed at <http://www.mydocvault.us/>.

For my part, I recognize that this is a complex and sometimes confusing adventure. But I keep coming back to the realization that there are big changes coming. They pose risks but also hold out the possibility of better health in our communities. Being part of this effort is the way we can have a voice in those changes.

Thanks for your involvement.

Best regards –

Barry Kling
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Attachments:

- Healthier Washington Overview (pdf of ppt slides)
- Governance Charter
- Backbone Invitation Letter