

Executive Director's Report – March 2020

If I had to distill last month's theme, it would probably be "collaborative;" because that is what most of our region's efforts to improve healthcare are: collaborative. These efforts only work with many partners, stakeholders, and committed community members ready to roll up their sleeves and work together.

In the spirit of that, I spent much of February in meetings with various collaborative groups and initiatives, including the Chelan-Douglas Crisis Collaborative, Grant County Crisis Collaborative, and the Okanogan County Crisis Collaborative, who are all working to improve integrated managed care efforts, as well as local crisis and first response systems to ensure that people are getting the care they need. These meetings are important as the region continues to adjust to the integrated contracting model outlined by the Washington State Health Care Authority (HCA) at the onset of the Medicaid Transformation Project. It continues to be a work in progress!

The ACH Executive Directors held our monthly meeting in Seatac. The discussion focused largely on reviewing documents that are being developed in partnership with the nine ACHs and the HCA to be shown to state legislators. Topics include: sustainability, cross-ACH collaborations, a shared definition and vision for statewide Community Information Exchange efforts, the ACH Health Information Technology strategy, and vision for community-based care coordination. Alongside these meetings, I have been working to take time to educate myself on these topics locally, including hosting meetings with Managed Care Organization partners to learn more about their care coordination programs and strategies.

In mid-February, we had the pleasure of working with Hadley Morrow from Better Health Together (the Spokane-area ACH), who held a training on health equity for our staff. Better Health Together has been one of the leading champions for health equity in their work throughout the Medicaid Transformation Project. NCACH has been inspired by their work for many years. My biggest takeaway is that engaging with health equity -- learning about it and in turn operationalizing it -- is a long and iterative process. It took nearly a year of work internally for the staff at Better Health Together to develop a shared definition and understanding of health equity, and then even more time to determine how to embed it into their project portfolio. Looking ahead, my team is excited to





North Central Accountable Community of Health

continue these discussions and increase our knowledge, with the hopes of building a foundation from which future initiatives and efforts can be designed intentionally with equity in mind.

Lastly, this month marks an update in the NCACH team. Christal Eshelman, longtime NCACH Project Manager, has accepted a position as a Regional Assessment Epidemiologist for Public Health in our region. While we are sad to see her go, we know that she will continue to champion for a healthier region, but now as our partner instead of our colleague. Tanya Gleason, NCACH's Capacity Development and Grants Manager, will be shifting into Christal's role overseeing NCACH's Opioid Project efforts. We look forward to continuing the charge to address the opioid epidemic through the many initiatives and programs that Christal built through her tenure with us.

Charge on!

Linda Evans Parlette

Executive Director

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

Summary

ACH Sustainability Report

February 2020

Introduction

In the Spring of 2019, Washington State's nine Accountable Communities of Health (ACHs) contracted with Artemis Consulting to provide strategic guidance, planning and support for collaboration, and identification of opportunities for alignment, with a specific exploration of HIT/HIE and sustainability. One of the major outputs from this engagement was the creation of a shared framework for sustainability of the ACHs, including recommendations for action steps. This deliverable was based on interviews with each ACH leader and their teams; interviews with MCO CEOs; review of materials from ACHs and HCA; and ongoing discussion with and input from all of the ACH Executives.

Recommended Areas of Focus

In Washington, as well as throughout the country, health care systems are evolving rapidly with a focus on reducing costs and improving health. The list below highlights those areas of change within the health care sector for which ACHs have developed some competency and should consider focusing on moving forward.

- **Quality Care** – There is growing focus on improving health care quality and on value-based payment for care. Providers of care are increasingly being asked to improve the management of clinical conditions, achieve better outcomes, and reduce health care costs.
- **Health Related Social Needs/Social Determinants** – Over the past decade, the health care sector has begun to acknowledge that addressing health-related social needs (e.g., housing, food insecurity, interpersonal violence, transportation) can improve health and lower health care costs.
- **Reducing Health Disparities** – Many communities and racial and ethnic groups experience poorer health and health care outcomes than the population as a whole; efforts to reduce these disparities are a fundamental part of many health care transformation efforts.
- **Care Coordination** – There is an increasing body of knowledge that demonstrates that comprehensive care coordination can help lower health care costs and improve outcomes.
- **Patient Centered Medical Homes** – As with care coordination, care provided through patient centered primary care homes has been shown to lower costs and improve outcomes. Connecting individuals to strong primary care delivery and ensuring these systems coordinate care is foundational for success.
- **Behavioral and Physical Health Integration** – Washington, like many other states, is moving to better integrate behavioral and physical health care delivery, payment and administration.
- **Community Information Systems** – Measuring and improving health outcomes requires information systems that provide clinical and community providers with access to records from care and service settings impacting health, including social services.

- **Local Control** – There is growing recognition that health care is local, and a number of states, through Medicaid waivers, are placing more emphasis on approaches to health system transformation that allow for regional rather than statewide approaches.

Recommended Approach

Having established themselves throughout Washington, sustainability for ACHs lies in their ability to link to emerging efforts to improve the health of communities and to make health care more affordable for all. As such, ACHs should pursue a collective, statewide path for sustainability as well as local efforts within their regions. The Artemis Team recommends the following steps as potential approaches to securing ACH sustainability.

Recommended ACH Activities

1. **ACHs Should Articulate their Value:** ACHs have done an excellent job demonstrating their individual value and purpose and highlighting the strengths and activities unique to each individual ACH. However, if ACHs are going to work together to obtain sustainability funds, they need to develop a clear and consistent message that articulates the ACH value proposition. ACHs, through their cross-sector collaborations, provide a mechanism for improving health through an integrated approach to addressing health and social need. This is a key value all ACHs bring, regardless of individual strategies and/or tactics. ACHs would greatly benefit from communication materials that articulate and demonstrate this value.
2. **ACHs Should Explore Opportunities to Collaborate with Partners:**
 - **MCOs:** ACHs should collaborate with MCOs on three key areas:
 - **Improved Reimbursement for Care Coordination** – ACHs should collaborate with MCOs on legislation/advocacy to secure reimbursement for care coordination. Increased Medicaid reimbursement for care coordination could, if structured appropriately, provide ACHs with revenue for some community-based care coordination functions.
 - **Addressing Health Related Social Needs** – Almost all MCO CEOs expressed a desire to better address health related social needs and indicated that ACHs, with their connections to community-based social service agency agencies, are well positioned to help. ACHs could contract with MCOs to develop and deliver programs and services in this arena.
 - **Specific Projects** – Each ACH has a unique set of competencies and collaborations that could benefit MCOs in their efforts to lower costs and improve care. There is an opportunity to better align current ACH projects with MCOs to help both types of organizations, coupled with the opportunity for these projects to assist with the long-term sustainability of ACHs.

The HCA and other state agencies:

- **The HCA** – The HCA needs to continue to define its approach to community-based care coordination. As such, there still remains the potential for ACHs to have a clear, explicit and funded role in community-based care coordination. Given the cross-sector collaborations that ACHs have developed, they are in a unique position to do this work.
- **Other State Agencies:** Given the partnerships that ACHs have established, there is the potential to work with other state agencies on issues of mutual importance. For example, the Washington State Department of Health, senior services, and early learning agencies are all potential partners.

Local Health Systems and Health Improvement Initiatives:

- ACHs are well positioned to assist local health care delivery systems, MCOs, local governments and other groups in their efforts to improve the health of their community and should work with these organizations on projects of mutual interest. As health care systems take on increasing amounts of responsibility and risk for cost and quality, they will likely need the assistance of ACHs to help implement activities across the region. ACHs know best the strategic opportunities and partners in their communities.

Recommended Statewide Funding Options to Consider

1. **Waiver Renewal** – ACHs were established through federal SIM and 1115 Waiver funding. Washington’s current 1115 Waiver spans through 2021. It is likely that Washington will propose new innovative approaches to improving health through an 1115 Waiver mechanism. This presents a great opportunity for ACHs to work with the HCA on developing a concept that builds upon what ACHs have done to date. ACHs could partner with HCA to explore other waiver opportunities beyond the current DSRIP model, for example North Carolina’s recently approved waiver to support Social Determinants of Health.
2. **Other Federal Grants/Initiatives** – Often there are innovation grants or a potential opportunity to work with the HCA to expand the programs to include a role for ACHs. For example, Washington is now implementing a Medicaid Quality Improvement Program (MQIP). This represents an opportunity to work with the HCA to expand the program to include a role for ACHs. There may also be opportunities to partner with other state agencies that address the health needs of special populations such as the elderly, people with disabilities, children in foster care, veterans.
3. **Direct Appropriation from the Legislature** – Another option for ACHs to consider is a direct appropriation to support their work. For example, ACHs could be “designated” as the implementation arm of state-wide efforts to transform the health care system and the Medicaid delivery system and to be financially supported for this work. ACHs are uniquely positioned for this role through their community partnerships and relationships with health care providers and social service agencies.