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WPCC and Medicaid Transformation

Q: I've been involved in the Whole Person Care Collaborative from the start. How does the WPCC link to the Washington State Medicaid Transformation?

A: The State Innovation Model (SIM) funding that helped launch the WPCC is coming to an end. Implementation of healthcare transformation efforts across the State are being funded through the Health Care Authority's *Healthier Washington* Medicaid Transformation. As such, funding is tied to the Medicaid Transformation Projects as defined by the Health Care Authority (HCA) in their toolkit (<https://www.hca.wa.gov/assets/program/project-toolkit-draft.pdf>.)

NCACH selected six projects, and two of those are being implemented through the WPCC: Bi-Directional Integration (Project 2a) and Chronic Disease Prevention and Control (Project 3d).

Q: Will entities funded through the WPCC only work on projects 2a and 3d?

A: Implementation of NCACH's Bi-Directional Integration (2a) and Chronic Disease (3d) projects will be managed through the *WPCC Learning Community*. The WPCC Learning Community is being organized to drive systemic change in clinical practices by focusing on basic operational processes needed to move from an acute, episodic model of care to a proactive, population-based model. Practice transformation activities will be the foundation for all clinical process improvement efforts in both behavioral and physical health organizations.

Clinical providers have an opportunity to contribute to NCACH's other projects within their "clinic walls", and by creating linkages to community based organizations. While bi-directional integration and chronic disease management are the focus of change plan templates that eligible providers will need to submit to NCACH, the change plan template also includes sections and process improvements linked to the other NCACH projects.

Q: I want to learn more about the Medicaid Transformation projects implemented through the WPCC. Where can I get more information?

A: We encourage all WPCC members to read the preliminary project plan applications for projects 2a and 3d that NCACH submitted to HCA at the end of 2017. You can find these documents here: [http://www.mydocvault.us/uploads/7/5/8/6/7586208/ncach - full project plan application document - final.pdf](http://www.mydocvault.us/uploads/7/5/8/6/7586208/ncach_-_full_project_plan_application_document_-_final.pdf)

WPCC Evolution

Q: We used to be one big Whole Person Care Collaborative group. Why are we now distinguishing between a WPCC Learning Community and a WPCC Workgroup?

A: Our WPCC formed through State Innovation Model (SIM) funding in 2016, after starting as a care transformation workgroup. Since then, our NCACH region has been involved in planning for health improvements under the Medicaid Transformation.

As our region shifts from planning to implementation under Medicaid Transformation Funding, we are fine-tuning the WPCC structure in order to distinguish between advisory and planning roles versus implementation roles. There are many decisions to make and processes to develop as the Medicaid Transformation unfolds across Washington State. Differentiating between planning and implementation roles is important as it allows us to move forward efficiently. Differentiating these roles is also consistent with other NCACH project structures.

Q: What is the difference between the WPCC Workgroup and the WPCC Learning Community?

A: The WPCC Workgroup and the WPCC Learning Community are both subsets of the broader Whole Person Care Collaborative.

- The *WPCC Workgroup* is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. It is designed to represent the interests of the NCACH from a planning perspective. It is not designed to represent the interests of individual agencies. The WPCC Workgroup's primary role is to advise, plan, and monitor. They will guide NCACH staff with process-development including eligibility parameters and funding levels for funded partners, measurement and reporting, and generally overseeing and ensuring the success of clinical provider engagement in NCACH's Medicaid Transformation projects.
- The *WPCC Learning Community* is made up of behavioral health and primary health care providers implementing clinical health improvement efforts on the ground. It is our primary means of engaging health care providers to implement clinical health improvement efforts associated with NCACH's selected projects. These funded partners will engage in learning sessions, develop and implement change plans to address key clinical processes, measure and evaluate progress, and report results.

Note that some agencies may be represented in both the WPCC Learning Community and the WPCC Workgroup.

WPCC Workgroup

Q: What is the process for selecting and appointing the WPCC Workgroup members?

A: As indicated in the WPCC Workgroup charter, the NCACH Executive Committee with assistance from NCACH staff will recommend to the Governing Board workgroup members from a list of interested parties, assuring representation from:

- Primary Care
- Behavioral Health
- Managed Care Organizations (Operating in all 4 NCACH counties after Jan. 1, 2018)
- Emergency Medical Services
- Community-Based Organizations
- Tribes

NCACH staff will try to accommodate as many interested parties as possible, while sticking to the recommended workgroup composition and maintaining a manageable workgroup size. This will help with efficiency while putting processes in place that guide the roll-out of the WPCC Learning Community and that ensure Medicaid Transformation project goals are achieved.

Q: How does the WPCC Workgroup interface with other NCACH workgroups?

A: Project and topic-specific workgroups are part of NCACH's governance structure to ensure targeted guidance and decision-making around requirements of the Medicaid Transformation. These other workgroups are facilitated by NCACH staff and/or Workgroup Chairs. Linkages between project workgroups are promoted through community members/organizational representatives who are engaged in more than one workgroup.

The WPCC Workgroup advisory capacity does not extend to these workgroups, though NCACH staff will coordinate internally to ensure alignment between all workgroup plans and regional priorities. This includes helping the WPCC workgroup remain aware of the work of other workgroups, especially where there is overlap. For example, some strategies and metrics outlined in the Opioid project have implications for clinicians. In addition, we can leverage collaborative opportunities between funded partners, including community-based organizations, across all projects.

WPCC Learning Community

Q: How will learning activities through the WPCC Learning Community lead to practice and health improvements?

A: Learning activities are grounded in the *Model for Improvement* which is based in Plan, Do, Study, Act (PDSA) cycles. They will be coordinated with assistance from NCACH consultants from The Centre for Collaboration, Motivation and Innovation (CCMI) and CSI Solutions, who are experts in innovation and quality improvement related to health system redesign and health care transformation. Various learning activities will be offered through the course of the Medicaid Transformation, and will be structured to lead teams through the following across the domain of their change plans:

- Describe a clinical/process improvement goal
- Set up a measurement strategy so Learning Community teams know what success is
- Learn ideas from each other and outside experts
- Test ideas locally
- Share what they learn
- Implement the thoroughly tested ideas
- Measure progress
- Learn how to spread and sustain

Q: Who from my organization should be involved in the Learning Community?

A: As indicated in the WPCC Learning Community charter, team size will vary depending on the size of clinical sites. The composition of the team may also depend on the learning activity topic. For example, you might send different experts to a learning activity focused on empanelment or value based purchasing, than you would to a chronic care management learning activity.

Generally, an ideal team might include the following members/roles:

- *Clinical champion*: for primary care, this is a primary care provider. For BH this is a therapist, psychologist, substance use, or other licensed counselor
- *Day-to-day leader*: someone who is familiar with the quality improvement structure and methods of the organization. Likely a project lead or process improvement lead. Will have ongoing responsibility to organize the team and make sure reporting happens, tracking tasks and activities.
- *Front line staff*: (1-3) people who are involved in the processes and have on-the-ground knowledge of the way the organization functions. Depending on the topic and goal of the team, this could be a medical assistant, a care manager, a community health worker, primary care psychologist, a peer support worker.
- *Senior leader*: The person who can clear the way for the team to do their work. They can influence the resources and processes of the broader organization.

Note that in smaller organizations, some people may hold more than one role.

Q: How much time will my teams need to commit to any one learning activity?

A: Learning activities will vary in length, depending on the topic and type of activity (e.g. Sprint, Learning and Action Network, Idealized Design, etc). Using the roles outlined above, here is an estimate of time commitment each team member would need to make for a Learning and Action Network (LAN).

- Clinical champion: 1-3 hours a week
 - Testing new approaches happens during clinical work
- Day-to-day leader: 2-6 hours a week of direct time in meetings, prep, and reporting
 - 2 hours incidental and with other work
- Front line staff: 2-4 hours a week
 - Testing new approaches happens during clinical work
- Leader: 1-2 hours a week
 - Other support happens alongside existing leadership duties

Q: What is the Learning Community Kick-Off?

A: The objective of the kick-off is to identify shared goals as well as how best to design learning activities based on the needs and priorities of Learning Community members. The Kick-Off is designed to bring together all behavioral health and primary care providers who intend on participating in the Learning Community (based on eligibility criteria outlined in the WPCC Learning Community charter).

Attending this face-to-face meeting is important as eligible organizations will help identify and prioritize collective training needs. A learning activity to support the Change Plan Development Process will also be previewed. Some agencies may be ready to engage in learning activities post Kick-Off, while others may need to wait to fully engage.

Q: Who from my agency should attend the Kick-Off?

Behavioral health and primary health care agencies interested in engaging teams in Learning Community activities (from any of their clinic sites) should ensure that one core team is present at the Kick-Off.

This core team of 3-5 people should be well-rounded. Representation from agency leaders, physicians, nurses, quality improvement staff, and/or other key interdisciplinary staff is encouraged. This team should be able to speak to their organization's broader priorities and understand their organization's needs especially as they relate to gaps identified in the baseline assessments.

This core team will help set the stage by shaping and prioritizing learning activities and topics offered through the Learning Community. Through applied learning methods, learning activities will offer training and support to help fill gaps as teams work towards achieving health improvements.

Note that the team members who sign up for specific learning activities will be determined at a future date, and will depend on the topic. They may include different staff than those who were part of the core team at the Kick-Off.

Q: Should my team attend the Kick-Off, if my agency has not yet completed a baseline assessment and will have a delayed start with Stage 1 funding and the WPCC Learning Community?

A: Yes. All agencies that intend on participating in the WPCC Learning Community (even if they require a delayed baseline assessment and change plan) should attend the Kick-Off. The purpose of the Kick-Off meeting is to review the vision for the learning community and to better understand the learning needs of organizations to support their transformation to whole person care. This is an important meeting for all interested parties since it will outline expectations, while also offering an opportunity to provide input and help shape the learning models, including topics, format, and timelines.

Q: Why are non-clinical partners not involved in the WPCC Learning Community, given the significant role social determinants of health play in a person's overall health?

A: The WPCC continues to focus on the role of primary care and behavioral health on population management as a key cornerstone for health system improvements. Learning Community activities are focused on clinical process improvements.

That said, change plans include a section on social determinants of health and learning activities focused on social determinants of health are envisioned for the WPCC Learning Community. This has yet to be fleshed out, but NCACH staff plan on working with Learning Community coaches/consultants/faculty as well as local Coalitions for Health Improvement (CHIs) in order to promote and strengthen these intersections and linkages. Your input and recommendations are welcome!

Funding (General)

Q: How do organizations receive funding?

A: Funding is available to the NCACH to fund initiatives (including projects 2a and 3d) through the Delivery System Reform Incentive Program (DSRIP). The term “DSRIP funds” refers to the type of money available to pay for regional transformation projects. **These funds are not a grant.** DSRIP is a performance-based incentive program for earning funds through achievement of milestones and outcomes.

Funds provided to partner agencies involved in the WPCC Learning Community will be based on completion of milestones and achievement of outcomes. As such, organizations will earn revenue.

Q: Are there any restrictions on the use of Stage 1 and Stage 2 funds?

A: Use of funds is at the discretion of organizations so long as they meet the WPCC Learning Community expectations as outlined in the charter. That said, recognizing the time commitment involved – and the fact that provider organizations already feel stretched thin – funding would likely support practice team involvement in the Learning Community activities, as well as meetings and activities in their setting. This could require backfill, per diems, locums, or temporary staff to continue to meet patient needs.

Funding could also be used to secure needed training and coaching to advance organizational change and clinical practice improvement, beyond what is being provided through the WPCC Learning Community.

NCACH does not encourage use of funds to add resources that cannot be sustained beyond the Transformation period. In addition, any specific prohibitions in the use of funds proscribed by State guidelines will be outlined in Memorandums of Agreement and Contracts with NCACH.

Q: How long can we expect Medicaid Transformation funding to last?

A: It is the intent that members of the Learning Community will receive funding throughout the Medicaid Transformation, provided they meet ongoing reporting requirements. Continued funding will be based on reporting of milestones identified in the organization’s change plan (pay for reporting) as well as reported improvement in quality metrics over baseline (pay for performance.) The exact reporting expectations over the course of the entire Transformation have not been determined, and we will look to our consultants and WPCC Workgroup to help guide these decisions.

We recognize that having a better understanding of future funds, beyond 2018, is important as you all commit resources to long-term change. NCACH is unable to make firm multi-year commitments to partners, or predict funding beyond 2018 at this time. The HCA is still working to determine funding parameters across all ACHs for the length of the Medicaid Transformation. NCACH’s Governing Board will share funding information and projections as they become available.

Stage 1 Funding

Q: What is Stage 1 funding for?

A: The purpose of Stage 1 funding is to support the development of Change Plans and participation in learning activities of the WPCC Learning Community starting before change plans are due (some learning activities may assist with change plan development.) Change plans will be due to NCACH July 31, 2018.

It is expected that change plans will differ across organizations given that organizations in our region vary in their size, focus, and in the degree to which they already achieve whole person care. This Stage 1 funding is designed to support and fund improvement rather than reward or penalize organizations based on their current state.

Q: Who is eligible for Stage 1 funding?

Clinical organizations eligible for Stage 1 funding are those eligible for the WPCC Learning Community. According to the WPCC Learning Community charter, to be eligible to participate in the WPCC Learning Community, partners must:

- Be a primary care and/or behavioral health provider
- Serve a significant volume of Medicaid Beneficiaries
- Complete a MeHAF/PCMH - A baseline assessment to establish current operational state relative to the PCMH model (organizations may use Qualis or another consultant of their choice)
- Sign a Memorandum of Understanding indicating willingness and ability to be involved in the learning activities and agreeing to meet the expectations as outlined in the charter and intending on committing the resources and time to participate in learning activities.

Q: What does it mean to serve a “significant” volume of Medicaid Beneficiaries?

The parameters will be set by the WPCC Workgroup to ensure as much inclusiveness as possible, given the funding available for the WPCC over the course of the Transformation (based on NCACH budget parameters set by the Governing Board).

NCACH will not have sufficient funding to make awards to every single primary and behavioral health care provider serving Medicaid patients. Given the large-scale population health improvement goals involved in the statewide Medicaid Transformation, and the expectations of those participating in the WPCC Learning Community, NCACH must focus on those agencies serving the largest proportion of Medicaid beneficiaries.

Q: What about the solo behavioral health providers in our region who serve Medicaid beneficiaries?

A: It is likely that individual providers would not qualify for Medicaid Transformation funding under the Learning Community. The NCACH staff, WPCC Workgroup, and consultants will work on mechanisms for sharing broader process improvements and learning resources with the community at large. A portal will be customized for NCACH and many of the resources will be available to the public. We encourage solo practitioners to use these resources.

Q: What if my agency has not yet completed a MeHAF/PCMH-A baseline assessment?

A: Some agencies, particularly behavioral health agencies who are spending significant resources adjusting to Fully Integrated Managed Care as of January 1, 2018, may not have had the bandwidth to participate in assessment activities in 2017.

It is NCACH's intent to ensure that assessment resources are made available in 2018, and that these entities are included in the WPCC Learning Community over the course of the next 4 years. The assessment is an important foundation to build on for change planning and as such will need to be completed as a requirement of Stage 1 funding.

The timelines or process for agencies who have yet to complete an assessment and who require a delayed start for Stage 1 funding has yet to be determined, and NCACH will be working with its consultants and the WPCC Workgroup to make this determination.

Q: How much funding is available for Stage 1?

A: The Stage 1 funding process to support change planning was agreed upon by the Whole Person Care Collaborative and approved by the NCACH Governing Board at the September 2017 meetings. This "Base-Plus" methodology is as follows:

Base

Every WPCC member organization will receive a base Change Planning Award of \$75,000

Plus

Additional funds will be based on the organization's rank relative to its 2016 Medicaid professional outpatient encounter volume

Top quintile	+ \$30,000
Second quintile	+ \$25,000
Third quintile	+ \$20,000
Fourth quintile	+ \$15,000
Bottom quintile	+ \$10,000

Using this Base-Plus methodology, **WPCC member organizations should expect an award between \$85,000-\$105,000 to boost and catalyze change planning during Stage 1.**

Q: What do providers need to do to receive Stage 1 funding?

A: Providers will need to sign a Memorandum of Understanding (MOU). This MOU will include language indicating the provider's willingness and ability to:

- Meet the expectations as outlined in the WPCC Learning Community charter
- Commit the staff resources and time to participate in Stage 1 learning activities
- Agree to develop and implement a change plan

These MOUs should be signed by the agency's leadership (CEO or equivalent).

Q: When can my agency expect to receive Stage 1 funding?

A: NCACH will finalize and release a simple Memorandum of Understanding in early February 2018. NCACH will release Stage 1 funds to organizations based on receipt of signed MOUs. While this does not need to happen prior to the WPCC Learning Community Kick-Off, it is strongly encouraged.

For those agencies needing to delay their start in the WPCC Learning Community (e.g. because they have not yet completed a baseline assessment), Stage 1 funding awards may be made later in 2018 or early in 2019.

Stage 2 Funding

Q: What is Stage 2 funding for?

A: Stage 2 funding will support participating organizations to begin implementing their change plans through continued engagement in and technical assistance from the WPCC Learning Community during the last quarter of 2018 and into 2019. Participation in learning activities will be the basis for improvement activities. Funding beyond that period will be based on an assessment of each organization's implementation activities relative to their plan.

Q: Who is eligible for Stage 2 funding?

A: Those agencies who already received Stage 1 funding, based on eligibility guidelines outlined above.

Q: How much funding is available for Stage 2?

A: The WPCC has not yet agreed on a Stage 2 funding process, and a final Stage 2 funding has not been approved by the NCACH Governing Board. A model for Stage 2 funding was proposed at the Whole Person Care Collaborative meeting in January 2018. NCACH staff is working on reconciling disparate feedback and may ask the WPCC Workgroup to provide additional guidance.

The ability to articulate Stage 2 funding awards also depends on funding decisions made by the NCACH Governing Board. All ACHs are currently working on understanding the full potential of Medicaid Transformation funding given some uncertainty and change variables at the state (HCA) level.

Q: What will providers need to do to receive Stage 2 funding?

A: Providers will need to submit a completed change plan to the NCACH. Providers will also need to commit to learning activities of the WPCC Learning Community that will accelerate process improvements leading to population health improvements, including progress on performance metrics linked to the Medicaid Transformation.

Q: When can my agency expect to receive Stage 2 funding?

A: Exact timelines are not yet known, and funding amounts depend on the final approved Stage 2 funding model. Stage 2 funding awards are contingent on submitting a successful change plan to NCACH. NCACH will release Stage 2 funds to organizations based on receipt of a signed contract, spelling out specific participation, reporting, and funding expectations.

For those agencies needing to delay their start in the WPCC Learning Community (e.g. because they have not yet completed a baseline assessment), Stage 2 funding awards may be made in 2019.

Q: How is paying for participation going to lead to health improvements?

A: Stage 2 funding is designed to support participation in the WPCC Learning Community, though learning activities are not just about going to classes and learning. Learning activities are grounded in Plan, Do, Study, Act (PDSA) cycles involving learning sessions and action periods. Practice transformation activities will be the foundation for all clinical process improvement efforts in both behavioral and physical health organizations. They will be coordinated with assistance from NCACH consultants from CCMI/CSI, who are experts in innovation and quality improvement related to health system redesign and health care transformation.

Change Plans

Q: What is the purpose of the change plan?

A: While the change plan is a deliverable of Stage 1 funding, it is not a static deliverable. The change plan articulates your organization's areas of desired improvement. It is the foundation for improvement work across your clinics over the next 4-5 years.

Change plans will evolve as practices understand their gaps in performance and prioritize. Your organization will be required to report on progress across aims and measures identified in the change plan. Your teams will be expected to commit to learning activities that promote implementation of your change plan

Q: If my organization has more than one site, do I need to submit more than one change plan?

A: No. Each organization will submit one change plan, though reporting on specific areas of improvement will be completed at the clinic/site level with the ability of getting rolled up to the organization level.

Q: How and why were the change plan components selected?

A: The change plan template is designed to tie back to Health Care Authority goals and performance metrics that our NCACH region will be held accountable to. While NCACH chose six projects, there are eight main areas included in the change plan template:

1. Bi-Directional Integration*
2. Community-based Care Coordination*
3. Addresses the Opioid Epidemic*
4. Address Social Determinant of Health
5. Diversion Interventions*
6. Transitional Care*
7. Chronic Disease Prevention and Control*

8. Improve Access to Care

**Components related to NCACH's six selected projects*

Social determinant of health and access to care were included because they are significant in driving overall improvement of metrics.

Q: How will change plans be scored and how will those scores impact funding awards?

A: The evaluation and/or scoring of change plans has not yet been determined.

The exact methodology for change plan scoring/evaluation and its impact on funding will be guided with input from our consultants and the WPCC Workgroup. The WPCC Workgroup will reconcile feedback and propose a Stage 2 funding model for approval by the Governing Board; ideally this information will be released at the WPCC Learning Community Kick-Off.

Scoring methodologies being considered range from absolute scoring based on points within each change plan section, to simpler pass/fail mechanisms. Our goal is to maximize partner success and funding, while also incentivizing quality and comprehensiveness of change plans.

Q: Who will be evaluating change plans?

A: Based on feedback from Whole Person Care Collaborative members, NCACH is in the process of identifying an independent evaluator to score change plans (as well as funding applications under other Medicaid Transformation projects.)

NCACH will share this information as soon as it is determined.

Q: Will some measures be required of all providers on the change plan template?

A: Yes. The determination of required measures has not yet been finalized, but it is likely that every topic will involve at least one required measure. Our goal is to promote alignment with performance metrics associated with each of the projects, as outlined by the Health Care Authority (HCA).

We will seek guidance from our consultants and the WPCC Workgroup to align required measures with HCA accountability metrics, while also ensuring alignment with what providers are already tracking and thus minimizing the burden on partner organizations.

Q: What kind of technical assistance is available from NCACH to ensure I submit a responsive change plan?

A: At the WPCC Learning Community kick-off, clinical organizations will be invited to participate in a Learning and Action Network (LAN) specific to the change plan. This LAN is strongly recommended as it will give participating organizations an opportunity to learn from each other with a faculty expert providing technical assistance and guiding the change plan development. By sharing ideas, doing peer reviews, and testing and refining the change plan over the course of three to four months (prior to NCACH submission), organizations should end up with a responsive change plan.

Q: What if I need more guidance on a specific change plan question? For example, the budget or value-based purchasing questions?

A: Any specific questions about the change plan should be directed to NCACH's Director of Whole Person Care, Peter Morgan at peter.morgan@cdhd.wa.gov

Glossary

Learning Community Team

A “team” participating in the WPCC Learning Community consists of a multi-disciplinary group of people who work together, are participating in a shared learning activity and go back into their learning environment to apply improved processes. Some larger organizations may have more than one team participating in the Learning Community.

Learning Activity

The WPCC Learning Community will engage in learning activities. These will differ in intensity, pacing and scope but they all require active participation and action. A “learning activity” is designed to incentivize action and will involve setting goals, implementing changes, reporting on process and outcome measures, and adjusting.

The types of learning activities available include:

- *Learning and Action Network*: An opportunity to learn from each other with a faculty expert guide about a specific well-developed content area. Faculty host periodic webcasts featuring new content and sharing what each team is learning. Each organization commits to taking action in between webcasts and reports on what is learned. 3-6 month timeline.
- *Sprint*: An opportunity to rapidly learn from each other with a faculty expert guide about a very specific well-developed content area. Faculty host weekly webcasts featuring new content and sharing what each team is learning. Each organization commits to taking weekly action in between webcasts and reports on what is learned. 4-6 week timeline.
- *Idealized Design*: Peer learning around a topic without as strong an evidence base or examples. Apply specific methods to visualize the desired future and work backwards to achieve it. Virtual or in-person learning sessions and action periods. 9-12 month timeline.
- *Knowledge and skill building opportunities*: Variety of methods for knowledge and skill building - face to face trainings; webinars; online learning; and blended learning. 3-4 month timeline.
- *Breakthrough Series*: Specific topic learning collaborative. Three Learning Sessions, Action periods in between working on a change package of concepts. Coaching support provided by expert faculty. The BTS is a trademarked approach developed by the Institute for Healthcare Improvement. 9-12 month timeline.

Medicaid Transformation

The HCA has moved away from the term “Demonstration” and is moving forward with describing the statewide initiative as the “Medicaid Transformation”, a five-year agreement between the state and the Centers for Medicare and Medicaid Services (CMS) that provides up to \$1.5 billion federal investment

for regional health system transformation projects that benefit Apple Health (Medicaid) clients. This is also referred as the “Medicaid Transformation”.

Transformation Projects

The statewide Medicaid Transformation involves 8 potential projects, as pre-defined by the Health Care Authority. NCACH selected six of these projects which include:

1. Bi-directional Integration of Physical and Behavioral Health through Care Transformation*
2. Community-Based Care Coordination
3. Transitional Care
4. Diversion Interventions
5. Addressing the Opioid Use Public Health Crisis*
6. Chronic Disease Prevention and Control

** Asterisks indicate projects required of all ACHs across the state.*