

ACH Regions Map



Vision: The Greater Columbia Region is a vibrant, healthy community in which all individuals, regardless of their circumstances, have the ability to achieve their highest potential.

Mission: The mission of the Greater Columbia ACH is to advance the health of our population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement.

Greater Columbia ACH Director's Report

October 22, 2015

1 COLLECTIVE IMPACT SUMMIT – SEPT. 28- OCT. 2, 2015

The Health Care Authority sponsored ACH leaders to attend a week-long summit on Collective Impact in Vancouver, B.C. Collective Impact is a process of addressing complex issues through a framework of five guiding rules. It is a collective commitment to achieving transformational change by adhering to these 5 conditions:

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Share Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.
Backbone Support	Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

2 MEASURES

The Performance Measures Coordinating Committee has developed 52 measures (Common Measure Set for Healthcare Quality and Cost) to provide the foundation for accountability and measuring performance. It is intended that use of these measures will enable a common way of tracking health and health care performance as well as inform public and private health care purchasers. Seven measures have been identified by the State for the first wave of integration into the Providence Core dashboard. From this list, ACHs have been asked to identify their top 3-4 priorities. The AIM team has been reassured by the HCA that population health measures, specifically those that address social determinants of health, will be addressed through several potential avenues. ACH leaders have discussed the 7 measures and suggested that we first put

together a list of the priority issues from each ACH before committing to further measures. This list will be used, however, as the starter set for the ACH dashboard.

- Adult Access to Preventive/Ambulatory Care
- Adult Body Mass Index Assessment
- Child and Adolescents' Access to Primary Care Practitioners
- Percentage of Adults Reporting 14 or More Days of Poor Mental Health
- 30-Day All Cause Hospital Readmissions
- Potentially Avoidable ED Visits
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

3 MEDICAID TRANSFORMATION WAIVER GOALS

Now that Washington has submitted its Medicaid Transformation Waiver application, negotiations with the federal review team will extend over several months. During this period, the HCA will continue conversations with their partners, stakeholders, tribes, and the public that will inform the details. The following goals have been identified for Waiver funding:

- Reduce avoidable use of intensive services and settings, such as acute care hospitals, nursing facilities, psychiatric hospitals, jails, and traditional long-term services and supports.
- Improve population health, with a focus on the prevention and management of diabetes, cardiovascular disease, oral health, pediatric obesity, smoking, mental illness, and substance use disorders; care should be coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian health system are maintained for Washington's tribal members.
- Ensure that Medicaid per capita cost growth is two percentage points lower than national trend.

4 BYLAWS

The draft bylaws were submitted to Keith Nagayama, J.D. Senior Counsel, ChangeLab Solutions (HCA Technical Assistance contract) on October 12th for review. Keith will be discussing his suggested changes and additions to the Bylaws at the October 22nd Board Meeting. The role of the Leadership Council as statutory or non-voting members, and will be discussed with Keith at the October 22nd Board meeting.

5 ACH READINESS PROPOSAL STATUS

(DUE NOVEMBER 30,

2015)



= Completed



= Under Construction



= Not started

Deliverables (due 1/31/16)	Dec 2014	Jan 2015	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2016
Governance Structure and Administrative Capacity														
GB reflects balanced, multi-sector engagement														
Bylaws (includes structure for funding pass-through and financial accountability)														
Communications Play (to include timeline & coordinated strategy; plan for authentic engagement)														
First iteration of sustainability plan (includes overview of existing & potential future funding sources & identification of gaps)														
Draft plan for systematic engagement with existing & potential future funding sources														
Explanation of how ACH will link sustainability to process & outcome metrics														
Health Improvement & Measurement Planning														
Draft RHIP INCLUDES:														
Initial action plan														
Summary of regional assessment and needs inventory														
Initial regional priorities														
Strategies to mobilize & coordinate ACH member & partner organizations														
Initial regional measures & current status of ACH's development of measures														
Health & Delivery System Transformation														
Initial action plan implemented as part of RHIP to address "early wins"														
Real time feedback or summative reports provided to HCA reflecting														
<input type="checkbox"/> Potential role of ACH as a lead organization or coordinating entity under a potential Global Medicaid Transformation Waiver														
<input type="checkbox"/> Activity advising the role the ACH will play w/in purchasing														
<input type="checkbox"/> Participation in Practice Transformation Hub development & regional activities														
Coordinating with regional and State partners regarding the transition to integrated physical and behavioral health care														

6 COMMUNICATIONS PLAN

Indira Pintak from Mashreq Media LLC has been contracted to develop a preliminary communications framework document that will be reviewed by the Board of Directors at the October 22nd meeting, and will be presented for adoption in November. Indira has been a member of the Communications Committee for several months. Because of the need for more external communications between the community and the ACH, Indira will be developing our website, newsletter, and e-mail bulletin to keep everyone informed.