



Medicaid Transformation

The Healthier Washington Medicaid Transformation is a five-year agreement between Washington State and the Centers for Medicare and Medicaid Services (CMS) that allows the state to test new approaches to providing health coverage and care. Initiative 1 is intended to build incentives for providers who are committed to changing how we deliver care.

This work is led by nine Accountable Communities of Health (ACH) regions in partnership with the Health Care Authority (HCA). Each ACH is governed by local leaders from multiple sectors that impact health. Greater Columbia ACH has chosen a nationally recognized model, the Patient-Centered Medical Home as the foundation for our transformation efforts. This model puts the patient first and foremost in the implementation and execution of the 1115 Waiver.

ABOUT US

GCACH's mission is to advance the health of our population.

The GCACH region includes:

- Nine counties and over 710,000 lives, with 35% being Medicaid beneficiaries or approximately 248,078
- Largest ethnic group - Hispanics (50% of the GCACH Medicaid population)
- The Yakama Nation - largest Native American Tribe in the state with over 11,000 members
- Seven Local Health Improvement Network (LHINs)



BOARD MEMBERS

Brian Gibbons	Astria Sunnyside Hospital
Dan Ferguson	Yakima Valley College
Dana Oatis	Lourdes Health Network
Eric Nilson	Kennewick Fire Department
Julie Petersen	Kittitas Valley Healthcare
Kat Latet	Community Health Plan of Washington
Kendra Palomarez	Catholic Charities
Les Stahlnecker	ESD 123
LoAnn Ayers	United Way of Benton & Franklin Counties
Lottie Sam	Yakama Nation
Madelyn Carlson	People for People
Martha Lanman	Columbia County Public Health Dept./ Garfield County Health District
Rhonda Batchelor	Lourdes Health Network
Rhonda Hauff	Yakima Neighborhood Health Services
Ruben Alvarado	City of Pasco
Sandra Suarez	Yakima Valley Farm Workers Clinic
Susan Grindle	HopeSource

CURRENT FUNDS FLOW (MARCH 2018 – DECEMBER 2019)

Region	Behavioral Health Integration	Community Health Fund	Delivery System Reform Incentive Payments	LHIN Contracts	Opioid Resource Network	Total Funding
Benton, Franklin	\$2,880,313	\$434,538	\$3,594,373	\$60,000	\$150,000	\$7,119,224
Columbia, Walla Walla	\$690,390	\$141,584	\$2,242,498	\$60,000	\$150,000*	\$3,284,472
Kittitas	-	\$99,880	\$1,074,999	\$60,000	\$100,000	\$1,334,879
Asotin, Columbia, Garfield	\$413,124	\$111,068	\$1,193,839	\$60,000	\$100,000	\$1,878,031
Whitman	\$420,761	\$79,048	\$963,125	\$60,000	\$100,000	\$1,622,934
Yakima	\$3,787,044	\$529,084	\$3,604,375	\$60,000	-	\$7,980,503
Yakama Nation	-	\$235,000	-	\$30,000	-	\$265,000
Regional Campaign	-	\$600,000	-	-	-	\$600,000
Totals	\$8,191,632	\$ 2,230,202	\$12,673,209	\$ 390,000	\$600,000	\$24,085,043

*Pertains only to Walla Walla

Updated January 25, 2020

DS RIP PROJECTS & INITIATIVES

INITIATIVES

Seven Local Health Improvement Networks, Community Resilience Campaign, Six Opioid Resource Networks, Regional Resource Directory, Supportive Housing Project in Franklin County, Community Information Exchanges, Regional Opioid Summit, Sponsorship Program, Behavioral Health Scholarship Fund, Community Health Funds, Learning Collaboratives

Patient-Centered Medical Home (PCMH)

The PCMH is the strategic foundation for Greater Columbia's work and puts the patient in the center of care. The result is better patient care, improved population health and lower healthcare costs. Participating providers submitted letters of interest in 2017, and filled out a Current State Assessment in 2018 in order to be considered for the program. Selection of the first Cohort was based on volume of Medicaid clients, leadership, collaboration, equity, transparency, and other factors.

The PCMH acts as an "umbrella" that incorporates the majority of the work from the four project areas below:

Bi-Directional Integration of Physical & Behavioral Health

The focus is to address physical and behavioral health needs through an integrated network. Integration can also involve pharmacy, dental, behavioral and care managers. People with physical, mental, and social issues need care that is integrated, coordinated, and seamless. Greater Columbia is currently working with 57 primary care and behavioral health clinics to implement integrated models of care and will be adding additional providers during the Medicaid Transformation Project.

Addressing the Opioid Public Health Crisis

The focus is to reduce opioid related morbidity and mortality through prevention, treatment and recovery supports. GCACH is establishing Opioid Resource Networks across the region to provide a "Hub and Spoke" approach to treatment. Hubs are care management & opioid treatment programs, with expanded services and strong connections to area Spokes (e.g. social services).

Chronic Disease Prevention & Control

The focus is implementation of the Chronic Care Model, a cornerstone of PCMH, with the goal being planned prevention and treatment strategies for individuals with chronic illnesses. This project incorporates health information technology such as disease registries and risk stratification to manage populations. It also seeks to incorporate Community Paramedicine that leverages the skills of paramedics and Emergency Medical Services to address care gaps, especially in rural areas.

Transitional Care

The focus is to reduce avoidable admissions/readmissions to intensive care settings such as hospitals, psychiatric hospitals, skilled nursing facilities and prisons or jails. The goal of transitional care is getting the right care, at the right time, and the right place. GCACH is also working with EMS and palliative care providers to incorporate these services into the PCMH model.