

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

November 19, 2015



1 GOODBYE BLAKE ROSE - GOOD LUCK AT UTAH STATE! (GO UTES)

We said goodbye to Blake Rose October 22nd who headed to Utah to work at their school of medicine. Blake was instrumental during our formative stages of an ACH, and provided much needed support and advice to our ACH leadership at the local and state level. Blake was particularly good at understanding the big picture of healthcare transformation, and helped us focus on those areas of transformation that have large implications for our hospitals and clinics. He was our Value Based Purchasing expert! While we wish him the best, we will miss his easy going manner, quick wit, and expertise in healthcare. THANK YOU BLAKE!

2 ACH AND MANAGED CARE HEALTH SYSTEM MEETING – NOV. 3, 2015

The Health Care Authority and the Managed Care Organizations sponsored a meeting at the Conference Center at SeaTac to develop a shared understanding of the roles of DSHS and HCA in the context of Medicaid. We learned more about how MCOs and Behavioral Health Organizations currently operate, and looked ahead to the full integration of managed care. There were several good suggestions on how to approach integration, with warm hand-offs between Primary Care Physicians and BH providers being a first step. One of the largest challenges will be the lack of trained workforce in behavioral health. This is especially true in the rural areas. The Regional Support Networks have been managing people with mental illness for a long time, and will soon be at risk for delivering substance abuse treatment as well. The table below captures the main messages I learned at this meeting.

BHOs	In workforce crisis, Access to BH providers a huge issue. Opiate treatment program has money, but no one to deliver it.
MCOs	Not able to reflect true need due to access issues. Network adequacy will be the

	most difficult to deliver. See themselves as taking the lead position in coordinating care.
ACHs	Their role is to coordinate care between BHOs and medical community, and help transform the purchasing system.
County Government	Will provide local input in creating the BHO system. BHOs becoming more intertwined with criminal justice system. Need to look how we can impact jail recidivism.
Early Adopters	Clark and Skamania Counties created a BHO Alliance to get the providers together. Get your providers ready for full integration now! Start with Managed Care 101, and start by delivering training on SBIRT, ACES. Understand the barriers to implementation, and work to eliminate them.

3 MEDICAID TRANSFORMATION WAIVER

The Health Care Authority is preparing for the Medicaid Waiver process and creating a "project toolkit" or "menu" where ACHs, individuals, and agencies can propose projects. The template is scheduled to roll out in December, and will require inclusion of evidence or supporting research on the value of suggested projects, reflect collaboration within a community and be responsive to community needs for the Medicaid population. We can assume that alignment with the Medicaid Waiver goals, and the ability to demonstrate the projects' evidence will be integral to funding. The Waiver will provide additional flexibility in how the state spends Medicaid money to improve the health of those on Medicaid.

The focus will be on strategies that:

- reduce avoidable institutional care,
- improve population health, and
- change the way services are paid for

Background on [Medicaid Transformation](#), including periodic updates on the waiver, can be found on the [Healthier Washington](#) website.

4 PLAN FOR IMPROVING POPULATION HEALTH (P4IPH)

The Washington State Department of Health (DOH) is inviting each ACH to provide a representative to the Plan for Improving Population Health (P4IPH) External Stakeholder Workgroup. The goal of the plan is to provide ways for improving population health on a regional level and develop a toolkit of evidence based practices. DOH explains that while the [Prevention Framework](#) provides a blueprint for **what** we plan to do, the P4IPH will help with the **how** by providing a set of process tools. An in-person kick-off meeting will be held on December 16, 2015 followed by monthly phone/web based meetings through September 2016.

The purpose of the P4IPH workgroup is to:

- Provide input and guidance on development of the P4IPH
- Reflect ACH/local and statewide member associations' perspective regarding implementation and sustainability
- Assure health equity is addressed in development of the P4IPH Prevention Framework Elements

5 AIM (ANALYTICS, INTEROPERABILITY, & MEASUREMENT)

There are two parallel initiatives happening at the state level. The Washington Health Alliance will be preparing clinic-level reporting for the [Community Checkup](#) and [Common Measure Set](#)

for all counties in the state in 2016. On December 8th, they are releasing clinic-level results for 14 counties and in 2016 they plan to release clinic-level results for all 39 counties.

The HCA recently signed a contract with Providence CORE (Center for Outcomes Research and Education) to develop the tools to define and track how the ACHs are progressing on key elements of the Healthier Washington initiative. Using Medicaid claims data, Behavioral Risk Factor Surveillance System data, Pregnancy Risk Assessment Monitoring System data, and Department of Health Immunization Information System data, CORE will be building regional dashboards for each ACH that will drill down to County level data on a beginning starter set of 7 measures, and add to this list every 6-8 weeks.

A strong and unified desire to incorporate population health measures, specifically those that address social determinants of health, will be addressed through several potential avenues, such as syncing up with the PMCC workgroup (this is the group that set the 50+ measures in the Common Measure Set) and the emerging work of the "Plan for Improving Population Health" workgroup (building on the Prevention Framework).

7 Measures from Health Care Authority

First wave of integration into Providence Core Dashboard

 Measure Sets Measure Name	Source	Date for Core Dashboard	Accountable Communities of Health	2016 Fully Integrated Medicaid Contract	2016 Apple Health - Medical Managed Care	2016 Behavioral Health Organization (BHO)	Statewide Common Measure Set	HEDIS 2015
Adult Access to Preventive/Ambulatory Care	NCQA - HEDIS	1st Wave	X		X		X	X
Adult Body Mass Index Assessment	NCQA - HEDIS	1st Wave	X		X		X	X
Child and Adolescents' Access to Primary Care Practitioners	NCQA - HEDIS	1st Wave	X		X		X	X
Percentage of Adults Reporting 14 or More Days of Poor Mental Health	Results WA	1st Wave	X				X	
Plan All-Cause Readmission Rate	NQF 1768	1st Wave	X	X	X		X	X
Potentially Avoidable ED Visits	NA	1st Wave	X				X	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	NQF 0024	1st Wave	X		X		X	X
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6 READINESS PROPOSAL STATUS

Sue Jetter has been hired to write our ACH Readiness Proposal. Sue wrote the original grant application in 2014 which resulted in our (then) six county Community of Health. Funding to write our Readiness Proposal will come from the HRSA grant that was awarded to PMH Medical Center. Sue is using the North Sound's Readiness proposal as a template for our document.

7 ASSESSMENT & PLANNING COMMITTEE

The A&P Committee is a subset of the Leadership Council and Governing Board membership. They have taken on the task of helping shape and develop meaningful agendas for the Priority Work Groups in order to facilitate the Regional Health Improvement Planning process. In order to be ready for ACH status, the GCACH must have an initial action plan implemented as part of the RHIP development to address "early wins" and other regional investments based on priority identification. This deliverable is due by January 31, 2016, and the work of this committee has enabled a smaller group to strategize between our monthly meetings.