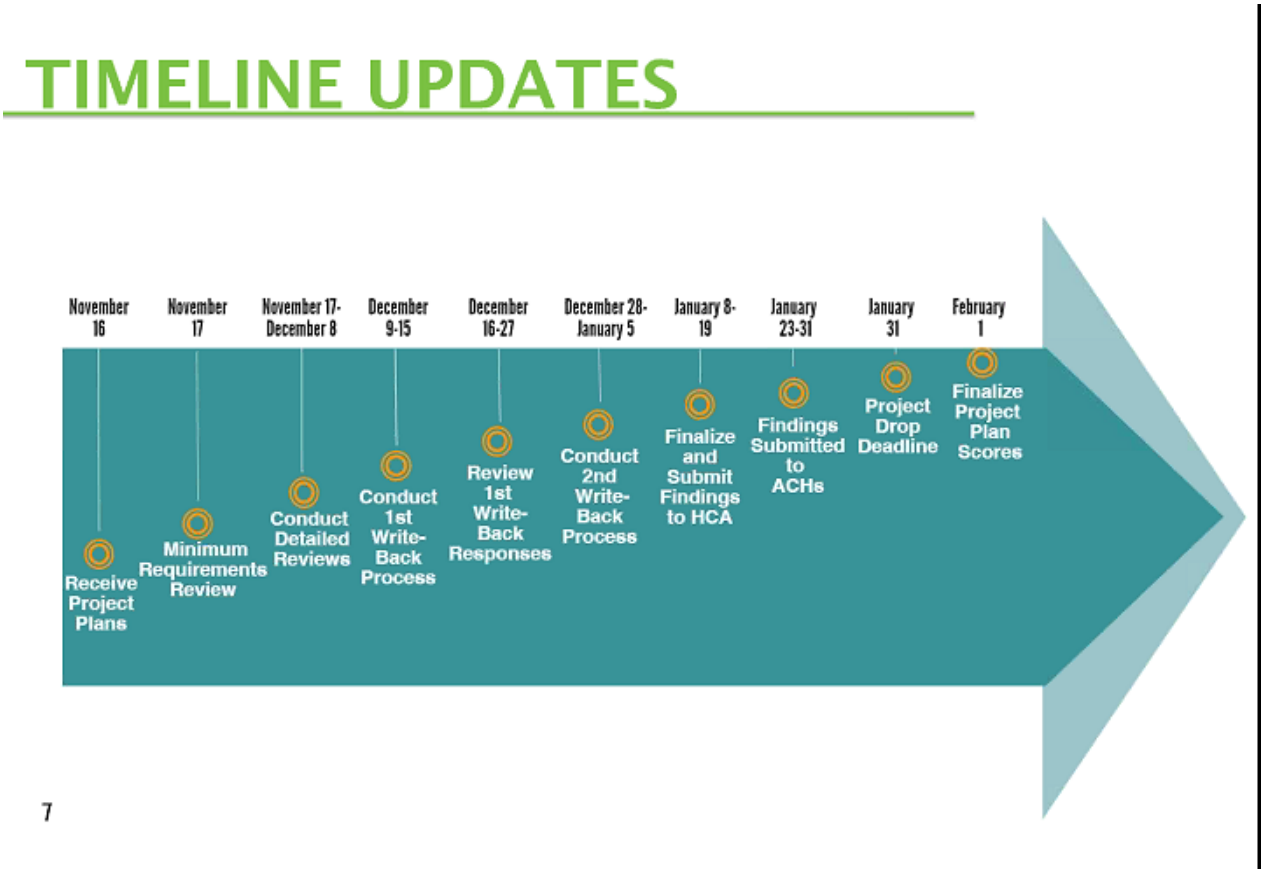
Greater Columbia ACH
Director's Report
November 16, 2017

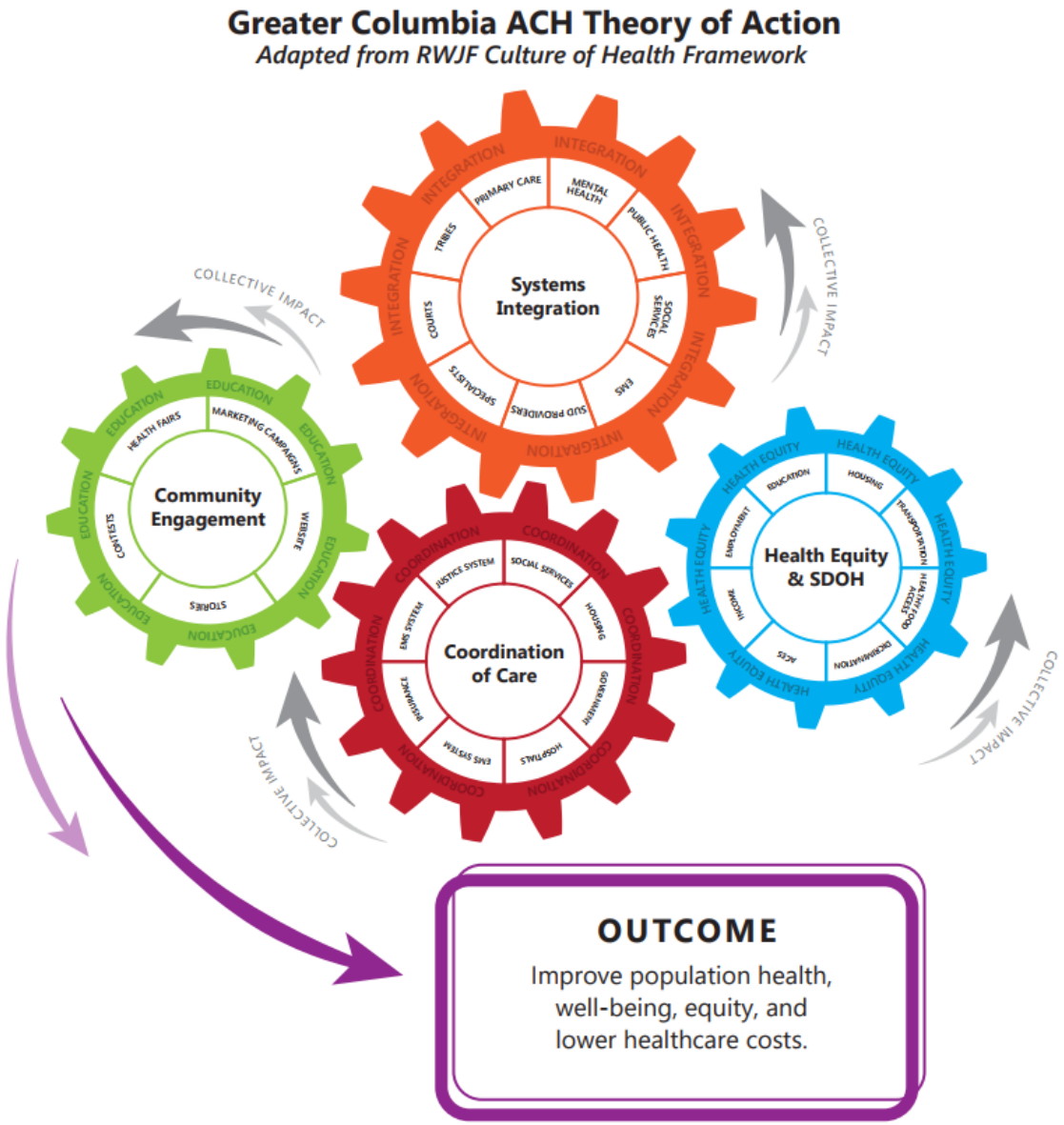
1 Project Application Timeframe

The ACHs received instruction on project plan application submission and scoring on Monday, November 13th. The following is the timeline for scoring the applications and write back process. The write back responses will be provided by the Independent Assessor with the final project plan scores known by February 1, 2018.

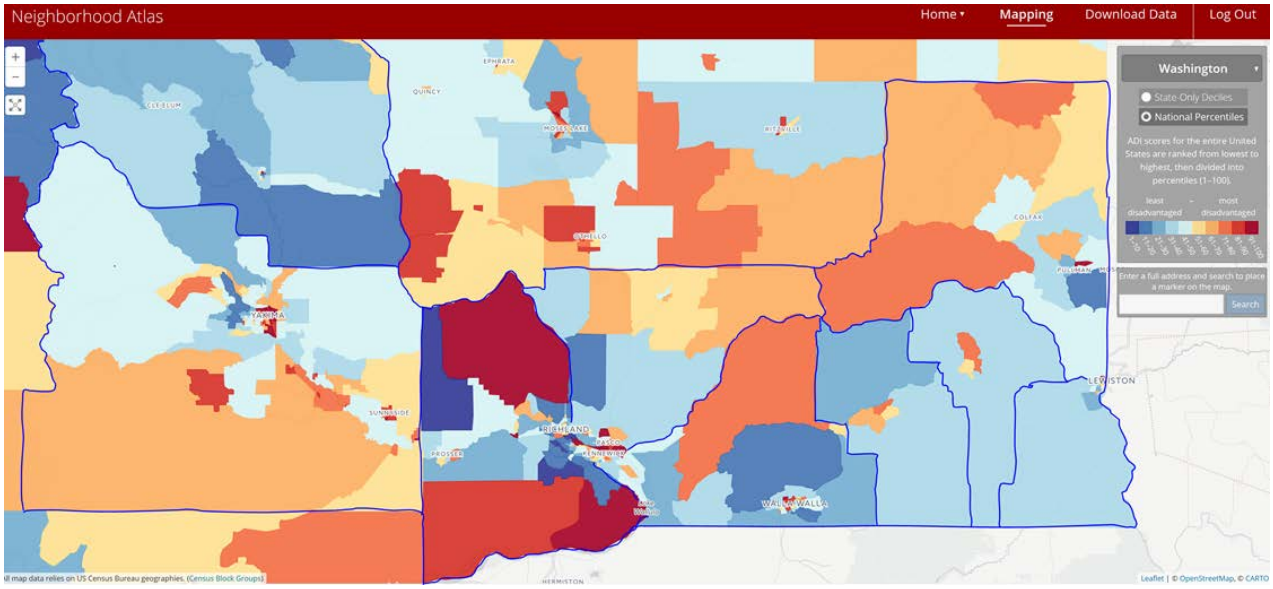


2 THEORY OF ACTION – NEW & IMPROVED!

In our Phase I Certification document, we talked about Collective Impact as our strategy to align community priorities, and implement evidence based approaches to health issues. Collective Impact is premised on the belief that no single policy, government department, organization or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to abandon their own agenda in favor of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert. In the past two months, GCACH staff has recognized that our Theory of Action includes some other major drivers: Systems Integration, Coordination, Community Engagement, and Health Equity, the four major drivers of health in the RWJF Culture of Health. We presented this new and improved Theory of Action in the Project Plan Application. (Thanks to Megan Kummer for developing this model!)

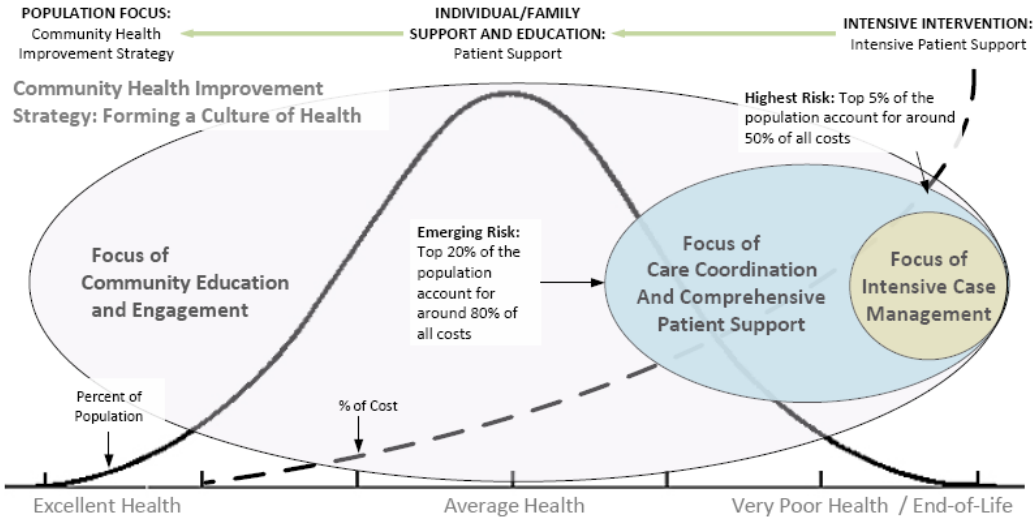


3 Social Determinants of Health (Health Equity)



The GCACH contains large (rural) and small (urban) pockets of socio-economic deprivation. This was assessed through the Singh Area Deprivation Index (ADI, a geographic, area-based measure comprised of census measures relating to poverty, housing, employment, education, and more. Research indicates that a high ADI (most disadvantaged) correlates with increased inpatient admissions/re-admission, ED utilization, pre-mature mortality, disease prevalence and more. In reviewing this geographic data with many of our community stakeholders (e.g. Yakima Valley Farmworkers Clinic, Virginia Mason Memorial, Sunnyside Hospital, Investing in Children, Columbia LPA), they confirmed a correlation between high ADI and high healthcare utilization. This supports the concept of addressing the social determinants of health in addition to medical and behavioral health needs. (Thank you Wes, for providing this data!)

4 Care Coordination – Addressing Upstream & Downstream Needs



We have had several conversations on our target population for the project plan areas. We understand that the top 5% of the population accounts for around 50% of all costs, and are committed to addressing the high-risk, complex patients in our GCACH region. However, the chart on the other page also speaks to the need for preventing enrollees with neglected risk from becoming high cost in the future. Specific interventions to the left of the curve include: screening patients for the social determinants of health, connecting patients with resources to address those social determinants, assisting patients to navigate health and social services systems, and empowering patients to be active members in the process. Enter community health workers/care navigators/coaches/patient navigators/school coordinators to connect with patients who screen positive and are referred to the community. The concept of the CHW has been a central theme of our project plan application. A workforce assessment will be conducted to determine who is doing what in our nine-county region in order to facilitate decision making around project delivery.

5 Top Professional Medicaid Service Providers – Who is Missing?

GCACH Professional Services Summary Report
2016 Top Professional Medicaid Services Providers

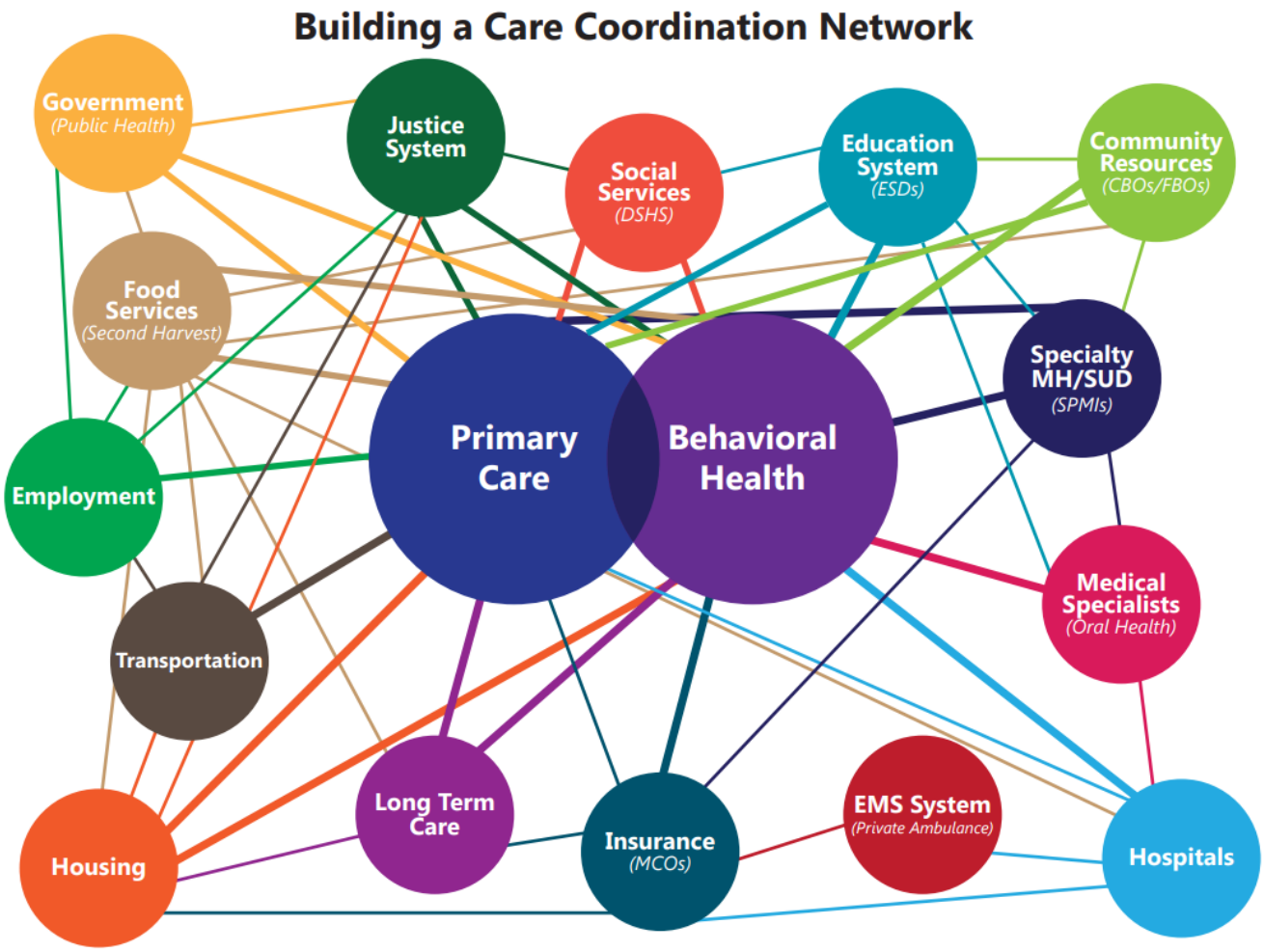
Provider Name	Claims Count	LOI Rec'd
Comprehensive Healthcare	235,635	Yes
Yakima Valley Farm Workers	220,299	Yes
Kadlec Regional Medical Center	157,042	Yes
Lourdes Health Network	121,782	Yes
Trios Health	98,637	No
Virginia Mason Memorial Hospital	91,644	Yes
Tri-Cities Community Health	62,476	Yes
Community Health Of Central Washington	51,172	Yes
Ideal Option	41,247	Yes
Yakima Neighborhood Health Services	39,733	Yes
Sunnyside Community Hospital	46,405	Yes
Providence St Mary Medical Center	29,000	Yes
Yakima Valley Council On Alcoholism	26,750	No
Walla Walla Clinic	23,595	No
Yakima Hma Physician Management	20,033	No
Pinnacle Pain Center	18,344	No
Planned Parenthood Of Greater Washington	17,654	No
Valley Alcohol Council	17,221	No
Kennewick School District	15,918	No
Yakima School Dist 7	15,879	No
Palouse River Counseling	15,867	Yes
Yakama Nation	15,430	No
Adventist Health	14,721	No
Tri-State Memorial Hospital	11,986	Yes
Mid-Valley Community Clinic	11,537	No
Kittitas Valley Healthcare	11,406	Yes
Whitman Hospital & Medical Center	11,261	No
Asotin County Mental Health Center	10,568	Yes
Prosser Public Hospital District, B	10,109	Yes

*Highlight denotes that they have been engaged in GCACH work.

Thank you to everyone who has submitted their Letters of Interest, and have been engaged in GCACH since the beginning. The Budget and Funds Flow Committee is currently working on a formula to distribute "Engagement" funding. GCACH recognizes the tremendous commitment that you have made to get us this far in the process, and is determining an appropriate level of seed money to keep you at the table!

GCACH received over 70 Letters of Interest to from potential participating providers, but we are still missing some important organizations. We will be seeking out MIA, and would appreciate your help in encouraging them to engage!

6 Local Health Improvement Networks (LHINs)



Key strategies of our project plan have been around collective impact, care coordination and integration. Local Health Improvement Networks hold real promise for advancing our project interventions by strengthening care coordination and integration within their own communities. To date, we have identified 5 LHINs that would like to establish a formal relationship with GCACH: Benton-Franklin Community Health Alliance, Kittitas Valley Healthcare Network, Yakima County Health Care Coalition, Healthy Communities Coalition (Walla Walla Valley Community Health Partnership?), and the SE Washington Rural Health Network. Very recently, GCACH staff received a proposal from the Whitman County Health Network that would sponsor the formation and function of a four-county LHIN and include the SE rural counties. (Thank you to Megan Kummer who developed this beautiful model of a Care Coordination Network.)

7 HCA Responds to ACHs Requested Project Scoring Methodologies!

On Friday, September 29th, the ACHs heard from the Health Care Authority that funding for DY1 would be cut by 36%. This was a $50 million dollar hit across all ACHs, $6.8 million for GCACH. The ACHs responded to this news by putting

together some consensus positions that they could take to the HCA as potential mitigation strategies. On October 5th, ACH leadership met in Tukwila to discuss cuts in funding, and learned that the reduction would be 27%, not 36%, reducing GCACH's project incentive allocation from $19 million to $13.85 million in DY1.

Based on our conversation, the HCA has amended the project scoring methodology so the ACHs choosing four projects can earn their maximum project valuation! The HCA has also removed the tiered approach to scoring eliminating a "rounding down" effect. Now, the scores are based on a straight percentage valuation. An 89% score earns 89%, not 80%! Thank you HCA!

ACHs will be eligible to receive a percentage boost based on the number of project selected

- Five projects receive an additional 5%
- Six projects receive an additional 10%, plus the possibility of receiving funds from the Project Plan Bonus Pool.
- Seven projects receive an additional 15%, plus the possibility of receiving funds from the Project Plan Bonus Pool.
- Eight projects receive an additional 20%, plus the possibility of receiving funds from the Project Plan Bonus Pool.

8 PROJECT PLAN APPLICATION SUBMITTED!