Greater Columbia ACH
Director's Report
July 20, 2017

1   PROJECT SELECTION PROCESS

GCACH Staff thought it would be useful to get everyone on the same page moving forward. Each section of this Director's report contributes to the overall understanding of the various moving parts involved in the Project Selection Process. *WARNING: This process is a dynamic and moving target!!*

2   HIGH LEVEL TIMELINE FOR MEDICAID DEMONSTRATION PROJECT

The Medicaid Demonstration Project started on January 9, 2017, and ends December 31, 2021. This is a 5-year Demonstration and each year has major milestones. The ACH will be held accountable and awarded incentive funds based on completion of milestones and attesting to completion accompanied by the proof of completion within the prescribed timeline from DY 2 through DY 4.

| Project Stages	Milestones	Timeline
Stage 1: Planning	Assess current state capacity • Identify strategies for Domain 1 • Select target population and evidence based approach • Identify project lead • Identify and engage project partners • Develop project implementation plan	End of DY 2
Stage 2: Implementation	Develop guidelines, policies, procedures and protocols • Develop Quality Improvement Plan (QIP) • Operationalize guidelines, policies, procedures and protocols • Implement project	End of DY 3
Stage 3: Scale and Sustain	Employ continuous quality improvement methods to refine the model, updating model and adopted guidelines, policies and procedures as required • Provide ongoing supports to support continuation and expansion • Develop payment models to support model • Implement VBP strategies to support model	End of DY 4, 5
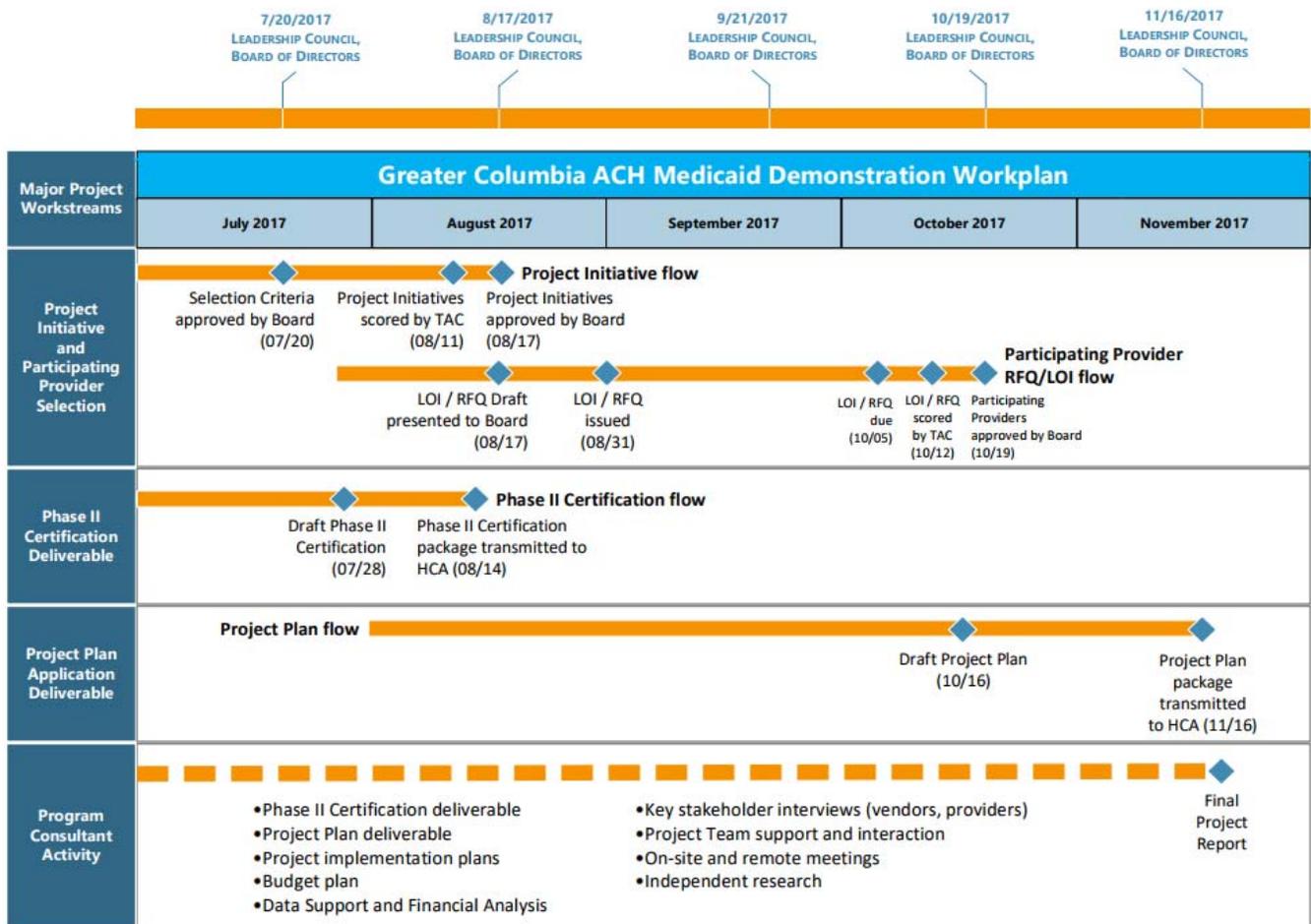
3   STEPS TOWARD PROJECT AND PARTICIPATING PROVIDER CONTRACTS

We have come a long way in Stage I Project Planning, but we have many steps to reach the Participating Provider contracting process! We are currently at the "Develop Project Selection Criteria" box. Each box represents a major effort and milestone in reaching the ultimate goal of securing contracts with Participating Providers (vendors) so that we can start moving the needle on improving population health.

Demonstration Project Initiative & Participating Provider Workflow

Revised: 7-18-2017
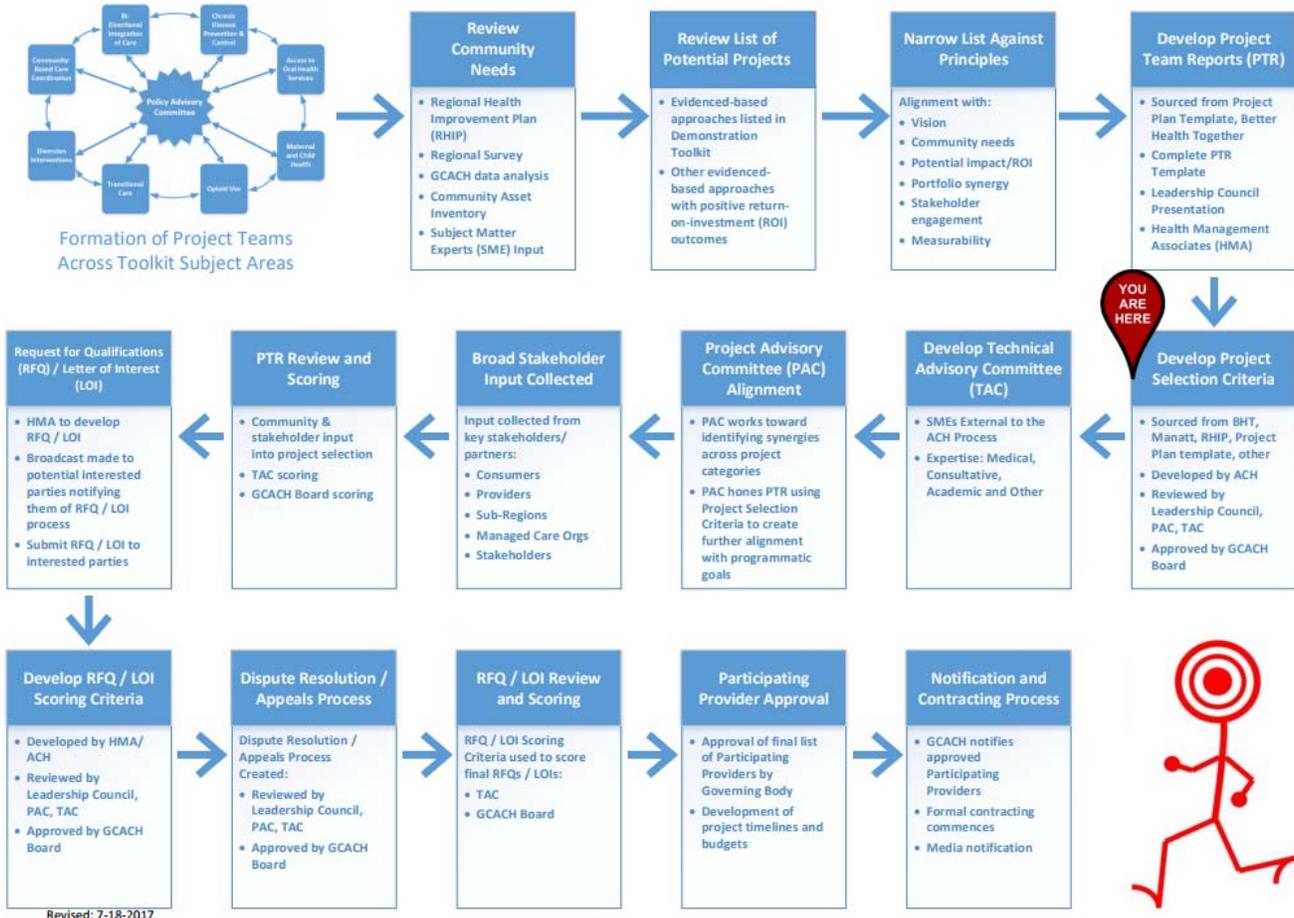
Community & Stakeholder Input: One of the key elements of the Project Initiative & Participating Provider selection process is collecting and including input from community members and organizations that will feed into the Board's decision on selection of initiatives. During the Project Initiative and Participating Provider phase (please see timeline above), from June 23 to October 5th, GCACH will be gathering and incorporating input on the proposed initiatives that will make up the final Project Plan that will be submitted to the Health Care Authority in November. Our long-term goal is to create a Consumer/Community Council that meets a few times a year and which gives a formal and consistent avenue for Medicaid consumers, and perhaps family members who care for them, to inform the GCACH work. In five years, we hope that we will have a more optimized and unified healthcare delivery system, so Medicaid beneficiaries can say they are having an excellent experience (both as participants in the process and as beneficiaries of enhanced

services), our staff can say they are having an excellent work experience, and that our community engagement activities help us to continuously improve what we are doing.

4 POTENTIAL ANNUAL FUNDING FOR PROJECT AREAS

GCACH learned what the potential funding allocations could be for all ACHs on April 27th. Based on the project weights, Wes Luckey put together a table showing the potential annual incentives that could be earned by GCACH Providers if they meet all of the project metrics and milestones. Bi-Directional Integration which is weighted at 32% and Addressing the Opioid Use Crisis at 4% are the two required projects. Each ACH must choose at least 4 projects per HCA requirement. The GCACH Board directed staff to develop project initiatives for each project area in April. The

Proposed "Re-Formation" of Priority Work Groups to Project Teams (May 2017)

GCACH Priority Work Group	Medicaid Demonstration Project Team
Behavioral Health	Bi-Direction Integration of Care & Primary Care Transformation (2A)
	Addressing Opioid Use Public Health Crisis (3A)
Care Coordination	Community-Based Care Coordination (2B)
	Transitional Care (2C)
	Diversion Interventions (2D)
Healthy Youth & Equitable Communities	Reproductive and Maternal/Child Health (3B)
Oral Health	Access to Oral Health Services (3C)
Diabetes/Obesity	Chronic Disease Prevention and Control (3D)

Leadership Council had identified 5 priority areas in 2014-15 which were then broken into 8 Project Work Teams in May of 2017. Each Project Team has a least one Facilitator that worked on a Project Plan Template that mirrors the Project Plan Application. Each Facilitator presented their initial report on June 22nd. The work between July 20th and Aug 17th will be to find synergies and alignment across all project areas and initiatives.

Domain	Project Area	Priority Weight	Estimated Potential Annual Funding Earned					Total Baseline Budget Per Domain
			2017	2018	2019	2020	2021	
2A	Bi-Directional Integration	32%	$ 6,080,000	$ 8,640,000	$ 8,320,000	$ 8,000,000	$ 6,720,000	$ 38,080,000
2B	Care Coordination	22%	$ 4,180,000	$ 5,940,000	$ 5,720,000	$ 5,500,000	$ 4,620,000	$ 26,180,000
2C	Transitional Care	13%	$ 2,470,000	$ 3,510,000	$ 3,380,000	$ 3,250,000	$ 2,730,000	$ 15,470,000
2D	Diversion Interventions	13%	$ 2,470,000	$ 3,510,000	$ 3,380,000	$ 3,250,000	$ 2,730,000	$ 15,470,000
3A	Opioid Use	4%	$ 760,000	$ 1,080,000	$ 1,040,000	$ 1,000,000	$ 840,000	$ 4,760,000
3B	Maternal and Child Health	5%	$ 950,000	$ 1,350,000	$ 1,300,000	$ 1,250,000	$ 1,050,000	$ 5,950,000
3C	Oral Health Services	3%	$ 570,000	$ 810,000	$ 780,000	$ 750,000	$ 630,000	$ 3,570,000
3D	Chronic Disease Prevention	8%	$ 1,520,000	$ 2,160,000	$ 2,080,000	$ 2,000,000	$ 1,680,000	$ 9,520,000
			$ 19,000,000	$ 27,000,000	$ 26,000,000	$ 25,000,000	$ 21,000,000	$119,000,000

Note: Potential Annual Funding totals do not summarize to Total Baseline Budget due to rounding error

5 PROJECT INITIATIVE SELECTION CRITERIA

Wes Luckey, Program Manager put together a team comprised of Dr. Patrick Jones, Mike Bonetto, Cathy Homkey and Jeff Uyyek from HMA, our consulting team, to develop criteria that the Board of Directors will consider at the July 20th meeting. These criteria will be used to score our Project Initiatives by a Technical Advisory Committee and the Board.

Statewide Potential Project Funding Based on Project Weights 15

- Projects associated with Domain 1 ("Health Systems and Community Capacity Building") are not tied to specific incentive funding under the Project Pool, but are foundational to receipt of other incentives
- Each project within Domains 2 and 3 of the Project Toolkit is associated with a **project weight**, based on factors including alignment with statewide measures, potential to address population health needs, potential to generate cost savings, and evidence base

Project Weighting		Example Statewide Project Funding (millions)*					
Project Name	Weight *	TOTAL	Y1	Y2	Y3	Y4	Y5
2A: Bi-Directional Integration of Care and Primary Care Transformation	32%	$271	$44	$62	$60	$56	$49
2B: Community-Based Care Coordination	22%	$186	$30	$42	$42	$39	$33
2C: Transitional Care	13%	$110	$18	$25	$25	$23	$20
2D: Diversions Interventions	13%	$110	$18	$25	$25	$23	$20
3A: Addressing the Opioid Use Crisis	4%	$34	$6	$8	$8	$7	$6
3B: Maternal and Child Health	5%	$42	$7	$10	$9	$9	$8
3C: Access to Oral Health Services	3%	$25	$4	$6	$6	$5	$5
3D: Chronic Disease Prevention / Control	8%	$68	$11	$15	$15	$14	$12
STATEWIDE PROJECT POOL FUNDS	100%	$847	$138	$193	$189	$175	$152

GCACH Project Initiative Selection Criteria
Project Initiative Name:
Reviewer Name:

	Category	Reviewer Score:	Proposed	Weight	Weighted Score	Comments
1	Support & Collaboration		Does local leadership and community (consumers) have energy around the project proposals? Does the project demonstrate linkages (i.e. how the project interacts with existing local organizations, particularly those tied to the social determinants).	15%	0.00	
2	Impact		Does this project fit in and is it synergistic with other project areas within the Demonstration? With the Project Toolkit?	10%	0.00	
3	Sustainability		Does the project proposal have a financial sustainability plan for beyond the Demonstration timeframe?	15%	0.00	
4	ROI		Will the project have a reasonable ROI within three-years? Will it support the movement toward VBP?	10%	0.00	
5	Scalability		Can the project be scaled to other communities within the GCACH region, both urban and rural?	5%	0.00	
6	Equity		How well does the project address health inequities across the GCACH?	10%	0.00	
7	Alignment with Community Needs		Does the project align with the priorities that arose from the GCACH Regional Survey results, Regional Health Improvement Plan, Community Asset Inventory, and the goals of the Medicaid Demonstration Project? Does the project clearly identify target populations?	10%	0.00	
8	Measurement		Does the infrastructure exist to measure project process and outcomes so as to monitor project performance and provide for improvement?	10%	0.00	
9	Workforce		How will existing workforce be leveraged for project implementation? What strategies be used to address any areas?	5%	0.00	
10	General Compliance & Implementation		Does the project adopt an evidence-based model and align with other Project Toolkit requirements? Does this project have a well-structured implementation plan? Does the project contemplate adequate partnering providers needed to support successful implementation? Will this project be ready to go in 2018?	10%	0.00	

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6 GLOSSARY OF TERMS

It's difficult to be on the same page when we are speaking different languages, or using different terminology to explain complex topics. The following is a list of terms with definitions taken from the HCA or from HCA documents to ensure that we are clearly communicating with our Stakeholders and public.

Term	Definition
Accountable Community of Health (ACH)	Accountable Communities of Health (ACHs) bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity. ACHs are regionally situated, self-governing multi-sector organizations with non-overlapping boundaries that also align with Washington's regional service areas for Medicaid purchasing.
Beneficiary	A person or thing that receives help or an advantage from something; one that benefits from something

Collective Impact	Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. 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.
Committee	A committee is usually a small group, often formed to discuss specific matters at hand. Committees represent and report to larger bodies. Committees can be formed to conduct research or come up with recommendations for planned projects or changes.
Common Measure Set	The Statewide Common Measure Set are standards of comparison that enable a common way of tracking important elements of health and health care performance, and are intended to inform public and private health care purchasing. The Common Measure Set sends a clear market signal about expected performance and provides an opportunity for everyone to be measured in the same way across the state.
Community Asset Inventory	An inventory of the regional programs and services currently being delivered in the GCACH service area.
Community Supports and Services	A community-based system of care requires systems to see the home, school, and neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.
Coordinated Care	**Care coordination** is "the deliberate organization of patient **care** activities between two or more participants involved in a patient's **care** to facilitate the appropriate delivery of health **care** services."
Council	A council is a group of people or experts in their respective fields who come together to make decisions and deliberate. This is often a large body whose members serve as representatives of stakeholders and the broader membership.
Delivery System Reform Incentive Payments (DSRIP)	Delivery System Reform Incentive Payment (DSRIP) programs are a new type of supplemental payment that provide incentive payments for hospitals and other providers to undertake delivery system transformation efforts.
Domain	There are 3 main areas of work in the Project Toolkit called domains. Each Domain addresses the core health system capacities to be developed or enhanced to transition the delivery system according to Washington's Medicaid Transformation demonstration. The focus areas in Domain 1 address the core health system capacities to be developed or enhanced to transform the delivery system: financial sustainability through value-based payment (VBP), workforce, and systems for population health management. Domain 2 is Care Delivery Redesign which focuses on innovative models of care that will improve the quality, efficiency, and effectiveness of care processes. Person-centered approaches and integrated models are emphasized. Domain 3 focuses on prevention and health promotion to eliminate disparities and achieve health equity across regions and population.
Evidence-based	Refers to any concept or strategy that is derived from or informed by objective evidence—most commonly, educational research.
Governing Body	A group of people whose role is to represent, plan strategic direction, set the organization's goals, lead the organization, make the policies, oversee financial direction and accountability, and supervise and evaluate management. Inclusive of Boards and Steering Committees.
Health Care Authority	The Washington State Health Care Authority purchases health care for more than 2 million Washington residents through two programs —Apple Health (Medicaid) and the Public Employees Benefits Board (PEBB) Program.
Health Disparities	Healthcare **disparities** refer to differences in access to or availability of facilities and services. **Health** status **disparities** refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically **defined** population groups.
Health Equity	**Health equity** refers to the study and causes of differences in the quality of **health** and healthcare across different populations.

Healthier Washington	Healthier Washington is an initiative to transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.
Independent Assessor	A State-contracted vendor who will serve as an independent "judge" to review and score Project Applications based on factors including quality, completeness, and selected projects' number and weight.
Letter of Interest (LOI)	A letter of interest (LOI) is the process of seeking an indication of interest from potential service providers who are capable of undertaking the specific work of a project initiative.
Long-term Services and Supports	**Long-term services and supports** (**LTSS**) are defined as the **services and supports** used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform routine daily activities such as bathing, dressing, preparing meals, and administering medications.
Managed Care	**Managed Care** is a health **care** delivery system **organized** to manage cost, utilization, and quality. By contracting with various types of MCOs to deliver Medicaid program health **care** services to their beneficiaries, states can reduce Medicaid program costs and better manage utilization of health services.
Managed Care Organization (MCO)	**Managed care** organizations (MCOs) provide health insurance to Medicaid clients. They also contract with health **care** providers and medical facilities to provide or arrange for the full range of health **care** services for members at reduced costs.
Medicaid	**Medicaid** is a jointly funded, Federal-State health insurance program for low-income and needy people. It covers children, the aged, blind, and/or disabled and other people who are eligible to receive federally assisted income maintenance payments.
Medicaid Transformation Goals	• Reduce avoidable use of intensive services and settings • Improve population health • Accelerate the transition to value-based payment • Ensure that Medicaid per-capita cost growth is below national trends
Medicaid Transformation (Project) Demonstration	The Medicaid Transformation Demonstration (MTC) is a five-year agreement between the state and the Centers for Medicare and Medicaid Services (CMS) that provides up to $1.1 billion federal investment for regional health system transformation projects that benefit Apple Health (Medicaid) clients.
Participating Provider	Any individual or entity who furnishes, whether directly or indirectly, or provides access to, health care services; vendor.
Pay for Outcomes (P4O)	Demonstrable progress towards project outcomes made by participating providers due to the implementation of the project plan
Pay for Performance (P4P)	P4P standards will be phased in starting in Year 3 and ramp up in Year 4 and 5. Each project has select outcome measures that will be assessed on a "gap-to-goal" methodology (8 in DY3, 19 in DY 4, and 21 in DY 5). ACH performance goals will be set by the state during Year 1.
Pay for Reporting (P4R)	Action steps taken by participating providers specified in the project's initial planning activities. For each project, an ACH must report on Progress Measures, or milestones, set by the state, beginning in Year 1.
Population Health	**Population health** refers to addressing the health status of a defined population. A population can be defined in many different ways including demographics, clinical diagnoses, geographic location, etc.
Primary Care Provider	A primary care provider (PCP) is a doctor or other provider (such as a nurse practitioner) who specializes in one of the following: family or general practice, obstetrics/gynecology, internal medicine, adult medicine, pediatrics, naturopathy
Project Initiative	Evidence-based approaches identified in the Project Toolkit that serve as interventions.
Project Metrics	The ACH will be held accountable and awarded incentive funds based on performance on a P4R or P4P basis in the region from DY 3 through DY 5. The majority of the P4R reporting metrics will be provided by the ACH and its partnering provider organizations. ACH reported metrics will be provided as part of their semi-annual report submissions. The majority of P4P targets will be provided by the State and are compiled on an annual basis.

Project Toolkit	The Medicaid Transformation Project Toolkit provides details about the projects that will be eligible for funding under Initiative 1 of the Medicaid transformation demonstration. It reflects the strategies-inspired by the submitted project ideas, chosen by the state and ultimately approved by CMS
Provider	**Provider** is a term used for **health** professionals who provide **health care** services.
Regional Health Needs Inventory	A comprehensive assessment of the region's geography and infrastructure as it relates to affordable housing, public transportation, education, workforce, demographics, health status, health care and community-based service systems.
Regional Survey	A survey to regional stakeholders that provided insight on opportunities and challenges in project planning, workforces needs, and physical and behavioral health integration.
Request for Qualifications (RFQ)	Request for Qualifications (RFQ) is a step sometimes used in the formal process of procuring a product or service, for example by a government agency.
Return on Investment (ROI)	Return on investment (ROI) measures the gain or loss generated on an investment relative to the amount of money invested.
Social Determinants of Health	The **social determinants of health** are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
Stakeholder	**Stakeholders** are those entities in the organization's environment that play a role in an organization's health and performance or that are affected by an organizational action.
Statewide Metrics	Those measures that the State will move in order for CMS
Subject Matter Expert (SME)	A subject-matter expert (SME) or domain expert is a person who is an authority in a particular area or topic.
Sustainable System	A system often built from partnerships wherein all members experience a shared benefit from ongoing participation and contribution. Sustainable systems may also leverage or incentivize the adoption of consistent technologies or shared standards (e.g. interoperability) to further cross-partner information exchange.
Target Population	Population the project is intended to address. For each project selected, the ACH must define the target population, informed by regional needs, based on the target population defined in the toolkit. ACHs may choose one or more target populations.
Transformation	A change or alteration, especially a radical one.
Transformation Projects	Projects and activities that support systems-based approaches to improving health by incorporating and addressing social determinants of health, and increase the efficiency and effectiveness of healthcare by changing the structure and incentives in the health care system that promote more cost-effective care.
Value-based Payment (VBP)	**Value-Based Payment** (VBP) is a strategy used by purchasers to promote quality and **value** of health care services. The goal of any VBP program is to shift from pure volume-**based payment**, as exemplified by fee-for-service **payments** to **payments** that are more closely related to outcomes.
Washington Apple Health	In **Washington** State, Medicaid is called **Apple Health**. **Apple Health** provides preventative care, like cancer screenings, treatment for diabetes and high blood pressure, and many other **health** care services.
Whole Person Care	**Whole-Person Care i**s the coordination of health, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources.
Work Group/Sub-Committee/Task Force	A group convened to develop and execute an implementation plan.