

# Greater Columbia ACH

## Director's Report

March 17, 2016



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.

## 1 2016: YEAR OF THE MONKEY - ADAPTABLE PROBLEM SOLVERS

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At February's Leadership Council meeting, Patrick Jones, our facilitator, guided us through an exercise to choose 2 negative behaviors to avoid, and 2 positive behaviors to practice for the Chinese New Year, the year of the Monkey. I read up a little on Chinese New Year and Monkey traits, and as one might have guessed, the influence of the monkey puts everything into play.

Issues will be resolved, but by and large due to personal or individual efforts. Group movements, such as political uprisings or revolutions, will also play a part in this year. (Hmmm. Sounds like the Presidential elections.)

The monkey increases communication, humor and astuteness, and it helps us to overcome moments of stress with grace and tenderness. The monkey's quality is its skill for finding non-conventional solutions to old problems. Daring to be different can result in success. (Hmmm. Sounds like a Medicaid Waiver opportunity.)

Once I read about the characteristics of the monkey, I was even more excited about our choices for desired traits. Here are the statements that you chose:

Positive Traits: Be adaptable Be problem solvers

Negative Traits to avoid: Being shortsighted, Unwillingness to listen to others

Or put another way: Be willing to listen to others. Be problem solvers.

Or: Look long-term, and be adaptable.

Try this one: Be adaptable, and be willing to listen to others.

No matter how you pair these statements, it tells you a lot about the values of our Leadership Council. These traits will serve us well during this year of transition and decision making; perfect guiding principles to meet the challenges of navigating healthcare transformation!

## 2 ESSENTIAL FUNCTIONS OF AN ACH

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Board President Martin Valadez, Board Secretary Caitlin Safford, Aisling Fernandez, Bethany Osgood, and I attended the ACH Quarterly meeting on March 8-9 in Seattle where we received recommendations from Health Management Associations (HMA) on the key functions of an ACH related to the Medicaid Waiver. While there has been an implication that a "coordinating entity" could be other than an ACH, CMS has envisioned that ACHs **will** be the coordinating entity. As such, there will be additional requirements of the ACH to fulfill the terms and conditions of CMS if they are to serve as the single point of authority and accountability for

transformation project oversight. This is not to say that ACHs cannot choose to contract with an external entity to perform certain financial and administrative functions. However, the ACH must still maintain final decision making authority.

#### Key functions of the ACH

- Select and monitor transformation projects and ensure that the projects are successful
- Serve as the single point of accountability for transformation projects
- Be a defined legal entity in order meet the requirements of CMS
- Have a governance structure that is multi-sector, has balanced engagement between health care systems and social determinants, is transparent, and demonstrates effective decision making processes
- Demonstrate Regional Partnerships through Letters of Understanding

Given these key functions, the GCACH will need to accelerate the pace of becoming a legal entity, develop letters of understanding with potential partners, and create a Transformation Project Advisory Committee to oversee the transformation project selection process. Board President Martin pointed out that the Benton-Franklin Community Health Alliance Board does not meet the requirements of the governance structure, so the process of formalizing a legal entity will need to be addressed by the GCACH Board in April.

### 3 HMA SUMMARY OF KEY STRATEGIES FOR MEDICAID WAIVER

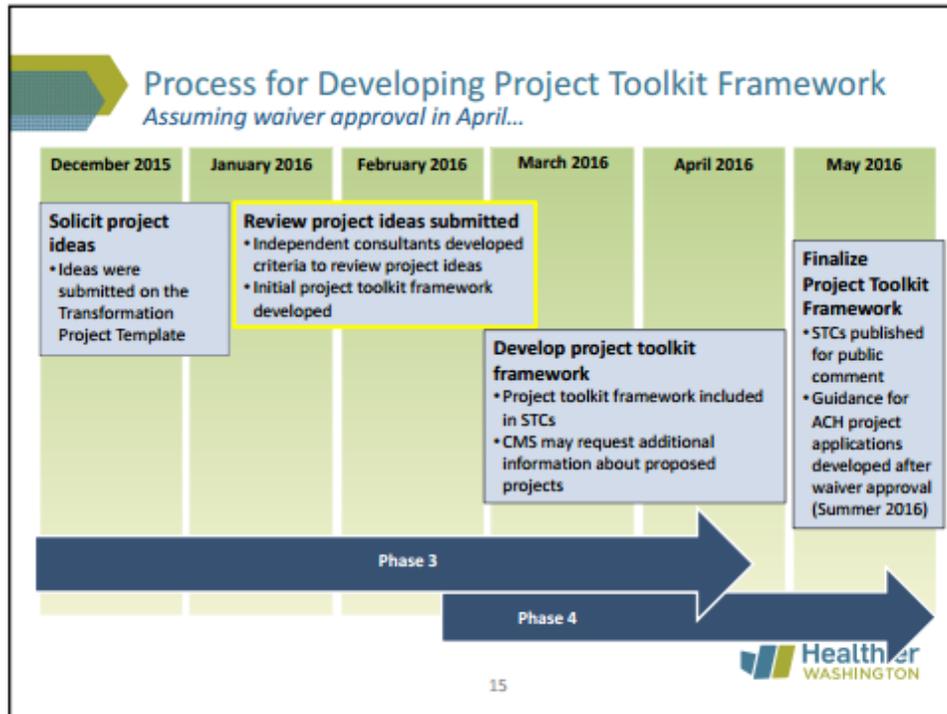
HMA was contracted by the HCA to provide support and recommendations regarding the development of components of the state's Medicaid Transformation waiver. Part of this guidance included reviewing the Waiver submissions to look for themes that supported **the state's efforts on initiatives on delivery system transformation, the primary focus for ACH projects**, while keeping in mind the four key goals of the waiver:

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

Within the initiative of delivery system transformation are 3 domains, and within each initiative are examples of some suggested key strategies from the November 18, 2015 HCA Medicaid Transformation Waiver, Development of Transformation Project List Document.

|                   | <b>Healthy Systems Capacity Building</b>                     | <b>Care Delivery Redesign</b>      | <b>Population Health Promotion</b>                     |
|-------------------|--|------------------------------------|--|
| <b>Strategies</b> | Development of Workforce and Non-Conventional Services Sites | Bi-directional Integration of Care | Chronic Disease Prevention and/or Management           |
|                   | Data Collection and Analytic Capacity                        | Care Coordination                  | Promote Healthy Women, Infants, and Children           |
|                   |  | Care Transitions                   | Long-Term Services & supports Prevention and Promotion |

HMA basically confirmed the strategies as set forth by the HCA, and are working on a more specific list of projects for the ACHs. As illustrated by the timeline, the time is short!



## 4 REGIONAL HEALTH IMPROVEMENT PLAN (RHIP)

ACHs are required to develop and implement effective, collaborative regional health improvement plans and at least one regional health improvement project, with clearly defined and agreed upon measures of progress and outcomes. An ACH regional health improvement project is a set of coordinated activities focused on one or more health priority areas designed to create measurable progress toward a regional health improvement plan goal. HCA strongly encourages ACHs to consider health equity within the context of project selection and implementation.

Greater Columbia ACH members have been diligently studying projects and programs currently being delivered in our regional service area, and discussing factors leading to their prevalence. Five work groups have formed around our priority areas: Behavioral Health, Care Coordination, Obesity/Diabetes, Healthy Youth & Equitable Communities, and Oral Health. Each workgroup is identifying key issues, locating data to measure the effect of interventions, and proposing projects based on our regional inventory that we could scale up or enhance to increase their impact. Deb Gauck, our consultant, will be analyzing the projects for comparative/collective root causes, and identifying the overarching themes that might connect these results.

The project will need to be implemented by October 31<sup>st</sup> in order to meet HCA's contract requirements.

## 5 GCACH SUSTAINABILITY SURVEY RESULTS

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Sue Jetter, Project Director for the HRSA grant, implemented the GCACH Sustainability Survey via Survey Monkey. Twenty-four Leadership Council members responded. Results will be used to inform actions and meeting plans moving forward, and a second survey will be taken in about six months to determine overall progress for the network. Survey results indicate that the GCACH is strongest in the areas of Collaboration, Vision, Leadership and Relevance/Practicality. Network elements that are less developed are Communication, Efficiency/Effectiveness and Resource Diversification. Results are summarized in the table below. A more detailed summary will be posted to the website in the near future.

| <b>All Answers and Categories Combined:</b> |            |   |
|---|------------|---|
| <b>Mastery</b>                              | <b>22%</b> | <i>Aware, capable, and strategic in their actions. Worthy of being a model in how to address the component for others.</i>  |
| <b>Interaction</b>                          | <b>42%</b> | <i>Aware of the importance and have translated available "know-how" and motivation into some sort of initial action on the component; there is evidence of impact on the component in limited ways, though results are likely limited and inconsistent.</i> |
| <b>Awareness</b>                            | <b>29%</b> | <i>Aware of the importance of the element, but may not have sufficient capacity (e.g. Not know how to solve the issue) or motivation (e.g. Waiting for leadership and/or direction to address the issue).</i>   |
| <b>Pre-Awareness</b>                        | <b>7%</b>  | <i>Not yet aware of the importance of the element and/or its relationship to sustainability.</i>  |

## 6 AIM (ANALYTICS, INTEROPERABILITY AND MEASUREMENT) WEBINAR

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On March 11, the HCA sponsored a webinar on the AIM initiative, one of Healthier WA strategies in transforming our health care system. Analytics and measures are needed to drive quality and consistency of care, and to prioritize health issues. Having data to evaluate whether our strategies are improving health, care and costs is critical to the success of health care transformation efforts.

The ACHs are waiting for the first measures on access to be rolled out in a few weeks, with a promise that more measures will come after the data repository has accumulated data from various state agencies, national and local sources. The Initial plan is to provide data on the statewide core measure set derived from Medicaid, Public Employee Benefits (PEB) and DOH survey data. The future plan is to include additional data on population health and social determinants of health.