



The Proposed Role of Accountable Communities of Health in Washington State

Accountable Communities of Health (ACHs) are a precondition to achieving better health, better care and lower costs under the Healthier Washington initiative.

1. ACHs are designed to implement the following proposed strategies:

- **Build upon existing community-based health improvement coalitions, leveraging and enhancing the relationships, commitments, and initiatives already in place** to ensure a diverse, multi-sector approach to health and health care. The precise organizational and governance structure will not be dictated at the state level. ACHs will utilize a “collective impact” model to guide development.
- **Strengthen community linkages between the local health care delivery system, public health, and others who influence a community’s physical and social environments**, better informing and coordinating the priorities of each and placing a greater emphasis on social determinants of health and population health improvement.
- **Formally connect health innovation and transformation efforts at the state and local level**, allowing each to focus on its strengths, and leverage shared resources.
- **Coordinate and connect at the regional and local level** the delivery of the range of health care services and community and social supports contributing to individual and community well-being.
- **Be a resource that managed care organizations draw upon to meet the state’s new expectations as it transitions medical assistance programs** more rapidly from payment for particular health care services to payment for improved outcomes.
- **Evaluate and elevate health innovations happening at the local level and facilitate the sharing of information about successes and failures statewide**, enabling replication of success and avoidance of failures.

2. Utilizing the functions introduced above, ACHs will accomplish the following goals:

- Leverage the unique strengths of the region by providing a strong and organized local voice **to tailor and adapt state health care purchasing, delivery system reform and other health improvement activities within a region** so programs are responsive to the unique strengths and needs of the region.
- **Implement regional strategies and interventions set forth in the Plan for Improving Population Health**. Engage and mobilize its multi-sector members in implementation.
- **Accelerate the integration of physical and behavioral health care at the financing and delivery system level, starting with Medicaid**, and inform the reinvestment of shared savings to support the community.
- **Invest in promising and evidence-based practices and evaluating the results, scaling and spreading effective models, and capturing savings for reinvestment and sustainability** through statewide learning collaboratives and testing innovative financing mechanisms.
- **Address community health needs with the use of innovative data**. ACHs will be armed with health mapping capabilities that will leverage improved statewide data analytics and integration.
- **Partner with the state in successful achievement of quantitative and qualitative measures targets set as bars of success**, specifically those tied to population health improvement and scaling efforts statewide.
- Amplify the role and responsibility of multiple sectors in health improvement to **further address the social determinants of health**.



3. What is the relationship between ACHs and Risk-Bearing Entities?

As indicated in the illustration below, the relationship between ACHs and risk-bearing entities is as follows:

- **The geographic area of an ACH will align with Regional Service Areas (RSA) for Medicaid purchasing** and it is likely there will only be one ACH per RSA.
- Whether an RSA decides to be an early adopter (integrated purchasing in 2016) or a transition region (integrated purchasing by 2020), **the ACH will be actively engaged in health improvement initiatives within the RSA and work in partnership with the risk bearing entity.**
- **ACHs will inform the state’s purchasing of Medicaid in their region**, including strategies for incentivizing health plans based on regional needs and priorities.
- **As ACHs progress they are expected to partner with HCA and with risk-bearing entities to improve health delivery systems.** ACH influence will increase as the partnership with risk-bearing entities matures.

