Greater Columbia ACH
Director's Report
May 19, 2016

"Highly resilient workers are able to cope well with high levels of on-going, disruptive change. They're able to change to a new way of working when the old way is no longer possible. And they sustain good health and energy when under constant pressure." Kathleen Barton

1 PEER COHORT LEARNING

Every Tuesday since 8/24/15, ACH Leaders have engaged in a Peer Cohort meeting facilitated by Deanna Davis from Applied Insight to discuss weekly assignments that are designed to develop our leadership skills as ACH leaders. On May 17th, we finished our final assignment! Listed below are the 5 Big Steps we had to master through various coursework comprised of reading, interviewing, reflection, and recording. I valued this experience to grow and learn from the work, and shared learnings of others. Thank you HCA for providing this leadership training to all ACH leaders, and especially to Deanna Davis.

EYE ON THE PRIZE: I consciously live the greater ACH purpose -- to create health in the broadest sense. I effectively manage and balance both the "business" and the social change demands of my ACH including achieving all of our HCA and other contract obligations. I believe in community process as the best hope for transformational change and recognize that ACH sustainability is achieved by creating community value.

KNOW THE LANDSCAPE: I apply systems thinking to understanding the comprehensive environment and context of my ACH. I know how the healthcare delivery, public health, and social support systems work and understand their implications for my ACH. I am well informed about current trends, best practices, and emerging innovative approaches in key areas of health. I understand health finance, economics and policy so I can broker better use of our rejoin my resources.

KNOW MY COMMUNITY: I use data and other analysis to know about the health of my local communities and its social determinants. I know in-depth the sectors, organizations, social and healthcare systems within my ACH and identify the key people and their interests. I synthesize the data and insights to inform and focus my efforts. I create an initial map of opportunities as the foundation for community discussion and action.

BUILD DIVERSE PARTNERSHIPS: I build trusting relationships into effective shared, community stewardship. I lead us to have the courageous conversations -- and establish a purposeful culture of bold experimentation -- that are the foundation for community transformation of funding streams and delivery systems. We collaboratively determine critical community priorities and build broad, often non-traditional alliances organized by shared purpose, to achieve health for all in our community. We identify our best opportunities, which I articulate in a compelling way that is consistent with our agreements and promotes engagement and wise action.

DISRUPT, TRANFORM and LEARN: I am a catalyst for converting potentially disruptive ideas and opportunities into actual transformational change. I lead us to create ambitious actionable plans and guide us into successful implementation of the transformation. I leverage national, state, regional and local data to continuously monitor our progress and processes, adjust to changing conditions, and improve our performance. I learn from my experiences and proactively share best practices with others. I contribute to and participate in the larger ACH movement.

2 COMMUNICATIONS AND OUTREACH

Aisling and I were asked to share information about the Greater Columbia ACH with two groups since our last meeting. Aisling attended the LeadingAge WA meeting in Yakima on May 11th, and I presented the program for the joint meeting of the South Central & Southeast WA Hospital Councils on April 29th at Kadlec Regional Medical Center. Both meetings provided opportunities to share information about Greater Columbia ACH, and to have a discussion with the stakeholders. I asked the hospitals to provide Greater Columbia with a hospital representative to the Transformation Project Advisory Committee (TPAC) to help oversee the transformation project selection process, and they have designated Shawnie Hass Executive Director of SignalHealth as their liaison. Aisling learned more about skilled nursing facilities, and Health Home services. Long-term Services and Supports is Initiative 2 of the Medicaid Waiver. LeighBeth Merrick, Director of Senior Living & Community Services has been added to our distribution list, and invited to attend our monthly meetings. She is anxious to help us better understand how long term care providers can support any work that is being done to serve older adults, and we better understand the need for increased capacity for skilled nurses in Initiative 2.

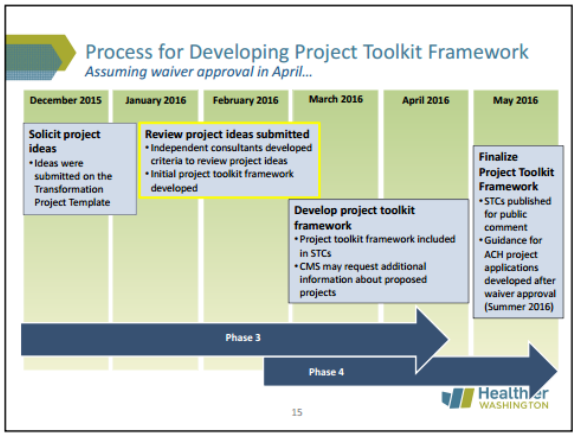
3 TAKE THE FRAMEWORK SURVEY

Members of ACHS have been encouraged to take the survey on the project toolkit framework. As part of its application to the Centers for Medicare and Medicaid Services (CMS) for a five-year 1115 Medicaid waiver demonstration, Washington State proposed a toolkit for regional transformation projects that support changes in care delivery to maximize health care value and strengthen providers' ability to transition to value-based payment models. Your suggestions will help inform the final toolkit. This survey will be available through Friday, May 27.

The Framework for the Project Toolkit is an outline from which the final toolkit will be built.

HCA is also inviting you to download new and updated fact sheets on each of the waiver's three initiatives, along with other resources, on the Medicaid Transformation web page.
If you are curious about the other Initiatives under the Waiver, you can access them through these links:

Initiative 1: Transformation Projects
Initiative 2: Long-Term Services and Supports
Initiative 3: Supportive Housing and Supported Employment



The HCA is still discussing and negotiating budget type issues on the Global Waiver.

4 HCA SUBMITS REQUEST TO SUPPLEMENT ACH FUNDS BY $50,000!

The Health Care Authority announced on 5/12/16 that they are submitting a request to CMMI to supplement existing ACH funding by an additional $50,000 per ACH!

If approved by CMMI, the only requirement is that ACHs use the funding to directly support project-related activities within the parameters established and communicated by the Community Transformation team for the supported SIM project.

The funding is intended to support a specific regional focus area based on identified priorities. ACHs will use a project selection template provided by HCA's Community Transformation Team. This template reflects specific standards, including considerations regarding new or existing projects and how the ACH will demonstrate a value-add in either scenario. The Community Transformation, Technical Assistance and Evaluation Teams will work with ACHs throughout the process to ensure alignment. That being said, ACHs are expected to lead this process and select a focus area based on regional planning to-date.

The funds correspond with Category 3 within the ACH contracts: Health and Delivery System Transformation. The plan is to release the project funding in alignment with the completion and approval of the project selection template. These funds must be released by January 31, 2017 and this is well within the timeline for ACH project selection that is expected between Q2 and Q3 of 2016.

Approval from CCMI is expected to take 30-60 days, but the HCA wants ACHs to anticipate this funding when identifying projects and developing action plans.

5 TRIBAL CONSULTATION MEETING ON ACHS

ACH leads were strongly encouraged to attend a Tribal Consultation meeting at Suquamish House of the Awakened Culture in Suquamish on May 11th. I attended on behalf of Greater Columbia ACH, and was grateful to observe the meeting and speak with Katherine Saluskin of the Yakama Tribe. The American Indian Health Commission wanted to discuss the minimum requirements to be placed on the ACHs for the ACH program as a federally-funded and state designed program. They were particularly interested in talking about Governance structure, and the requirement of consultation and engagement with tribes prior to implementation of ACH policies and actions that have "tribal implications."

Dorothy Teeter, Director of HCA, Nathan Johnson, Chief Policy Officer, Chase Napier, ACH Program Manager, and Lena Nachand, Community Transformation Specialist represented ACH interests, and had prepared responses to their questions. There will be opportunities to engage with Jessie Dean, Administrator, Tribal Affairs and members of Tribes in the next few months as Jessie schedules meetings with all of the ACHs to share information and better understand each other.

6 HRSA GRANT UPDATE

Sue Jetter and I traveled to a mandatory Rural Health Network Development Planning Program meeting in Rockville, MD on May 2-3. The presentations were excellent, and we were given opportunities to try out new facilitation skills under a method called ORID, and explore sustainability using a systems framework approach. There was great value in meeting other grant recipients and hearing success stories about their experiences and challenges associated with their programs. Perhaps what was really brought home to me was the fact that Networks, in and of themselves, are the catalyst for change. By combining the collective vision of our multi-sector membership with evidence-based research, we can move ideas into action. Our unique viewpoint cuts across silos to achieve consensus on the most significant barriers and opportunities for innovation, producing policy recommendations that have real impact on the future of health care.