

Greater Columbia ACH

Director's Report

April 21, 2016



"The best way to predict your future is to create it." Abraham Lincoln

1 CULTURE OF HEALTH FRAMEWORK DRIVING RHIP

Deb Gauck, our consultant who was contracted to plan, lead, organize, write, and develop the GCACH Regional Health Improvement Plan has landed on a new framework to take the Priority Work groups' underlying themes to the next level. The Robert Wood Johnson Foundation developed an Action Framework called the [Culture of Health](#) in collaboration with the RAND Corporation and with valuable input from partners, experts, colleagues, and communities across the country. The Framework is drawn from rigorous research and analysis of the systemic problems facing our nation. The Framework offers an integrated, evidence-based, and comprehensive approach to addressing the societal influences of health and well-being. Deb is working closely with each work group to explain how their logic models, minutes, and documents are being used to inform the Framework, and lead us to a collective set of strategic issues! These Strategic Issues will form the basis of our Regional Health Improvement Plan, and provide the cornerstones of our regional goals and objectives. The selected project will need to be implemented by October 31st in order to meet HCA's contract requirements. Go Deb!

2 ESSENTIAL COMPONENTS FOR AN ACH (FOR MEDICAID WAIVER)

As reported last month, Health Management Associates has been working with the Health Care Authority to provide guidance on the role of ACHs as they relate to managing projects chosen for the Medicaid Waiver. The ACHs have since received recommendations on the essential components for ACHs to certify them to serve as the single point of accountability for Medicaid waiver Transformation Projects. **The recommended essential components are listed below.**

Recommended Essential Component	Suggested Documentation
Legal Entity	Articles of Incorporation, Bylaws
Governance	List of Board members with affiliated organization
Community Collaboration & Stakeholder Engagement	Letters of Understanding with key partners List of public meetings/communications plan
Capacity for financial administration/management	Financial policies
Operations Capacity, including Transformation project administration/management	Staff list, Contracts, Data/IT policies, TPAC membership list
Accountability for RHNI & RHIP	List of existing data sources that will be used
Accountability for Spread of Learning	MOU with practice hubs in region

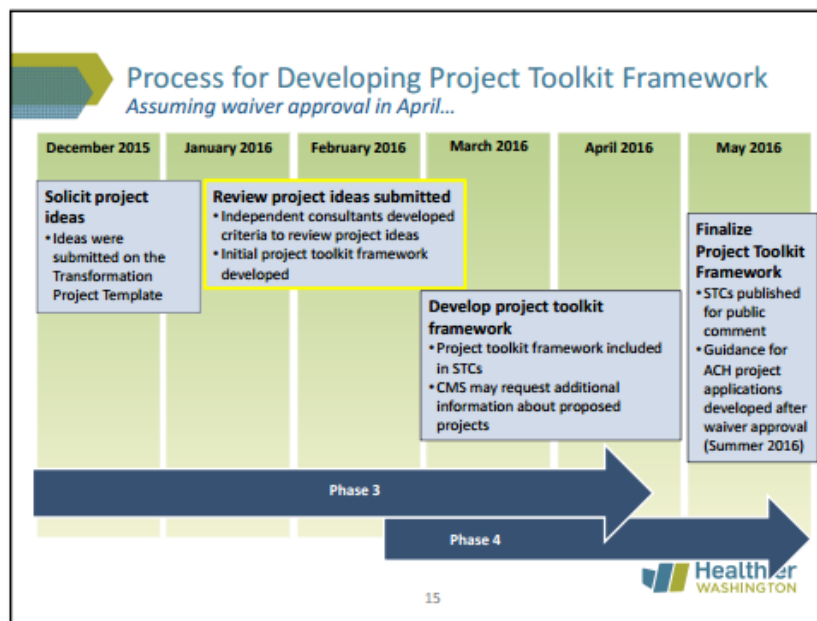
3 MEDICAID WAIVER GOALS

In a recent meeting with the Centers for Medicaid and Medicare (CMMI), HCA leaders were put on notice that the Waiver submissions need to support **the state's efforts on initiatives on delivery system transformation, and focus on projects that show a return on investment. Our financing strategy needs to support long-term sustainability and reducing costs to the system.** Listed below are the stated goals for the Medicaid 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.

	Healthy Systems Capacity Building	Care Delivery Redesign	Population Health Promotion
Strategies	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



4 VALUE BASED PURCHASING WEBINAR

On March 25th, the HCA held a webinar on value based purchasing to familiarize the ACHS with existing various payment models for healthcare services. The current practice of paying fee for service rewards providers for volume, not value, and creates a system of services that are siloed. The shift in focus to population health also forces a focus in payment redesign. A transformed system will pay for and deliver whole person care, coordinated care, engaged and activated members, and standardized performance measures. The State's goal is to move 80 percent of state-financed health care and 50 percent of the commercial market to value-based payments within 5 years.

I had the opportunity to witness an integrated behavioral health & pediatric clinic in Yakima on March 15th. Roy Simms, MD, of Yakima Pediatric Associates, invited me to see first-hand how his pediatric clients receive clinical and behavioral health care during the same visit. According to Dr. Simms, only a fraction of patients successfully follow through on referrals to BH specialists. Imagine if the provider were incented to treat a patient from head to toe (including the mouth!) at the time of visit!

5 HEALTHIER WASHINGTON DATA DASHBOARD

Providence CORE (Center for Outcomes Research and Education) is collaboratively designing and building a business intelligence and shared analytics tool (data dashboard) that will allow the ACHs to access data about the health of their populations to aid in identifying and implementing community priorities and strategies to improve health. The tool will be interactive and the information within it will be updated on a regular schedule.

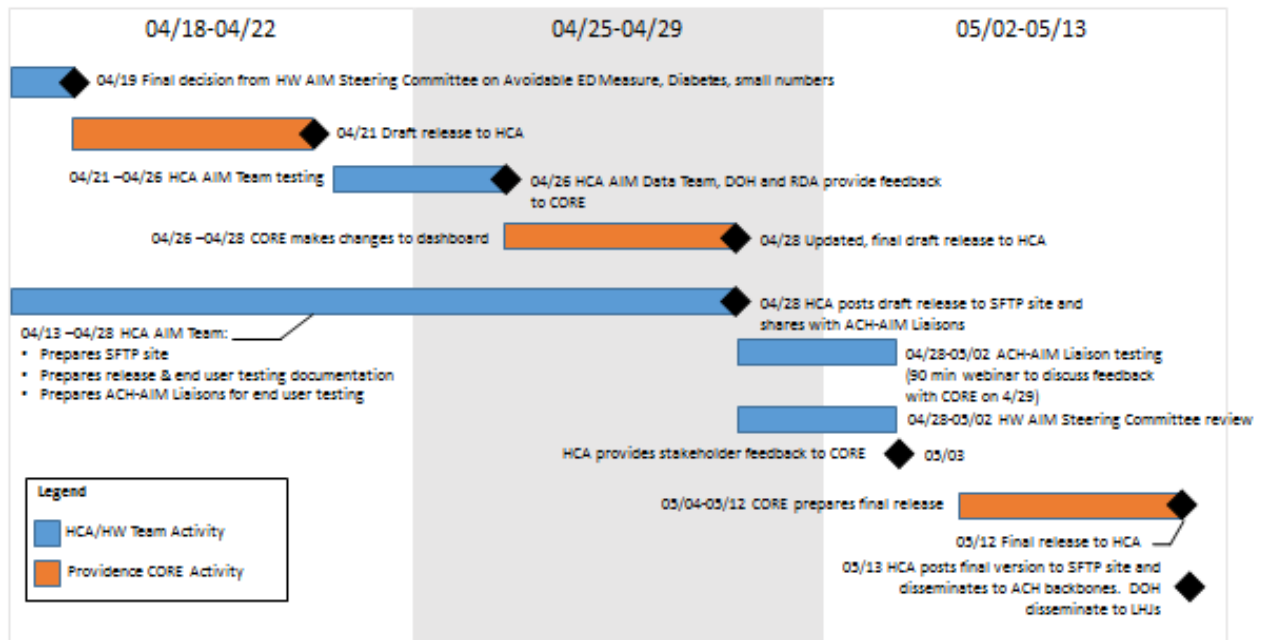
A draft subset of the Common Measure Set will be coming out for testing in late April. The first wave of measures will include three diabetes measures and the two access measures as depicted below. The second wave of measure will be chosen by the ACHs and will include the Potentially Avoidable ED Usage data. The table below shows the sources, measures and dimensions of the reporting tool. The state-funded work will help ACHs look at outcomes geographically and by populations of interest to improve outcomes as a community.

ACH - HEALTHIER WASHINGTON DASHBOARDS

INITIAL DATA AND MEASURES FOR DASHBOARDS

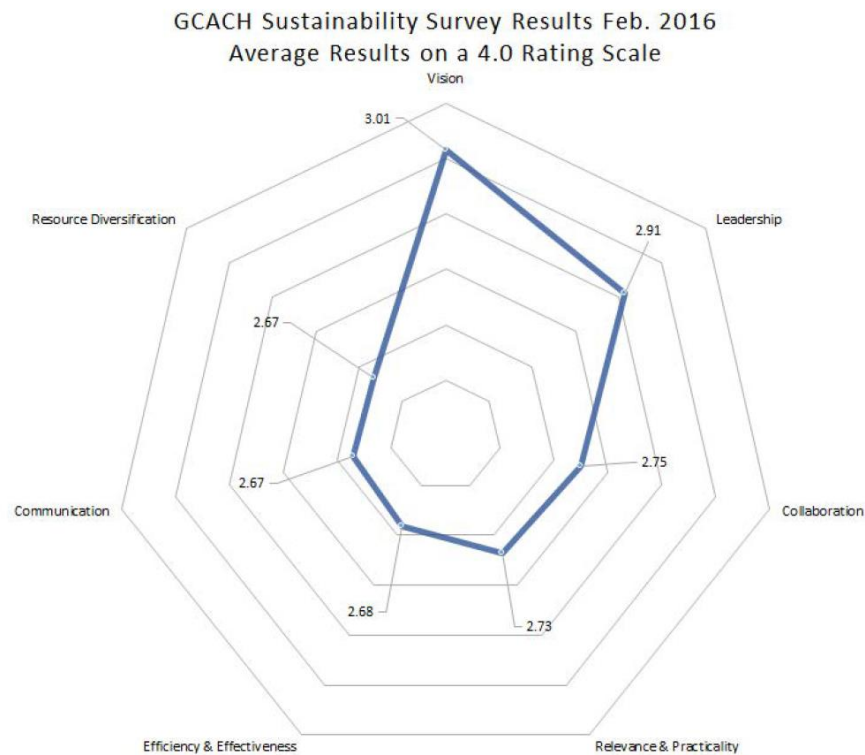
DATA SOURCES	MEASURES	DIMENSIONS
Data sources are provided by HCA and DOH and dictate the possible measures and dimensions (filters and views of those measures) included in the dashboards.	Dashboard will include a subset of measures from the Common Measure Set. More measures will be included over time with each release as ACH focus areas arise.	We will develop multi-dimensional views of the measures that can be explored through filters and visualizations. Claims-based measures will be available with the following filters and views:
FIRST RELEASE HCA Medicaid Claims HCA Medicaid Enrollment DOH Immunization	FIRST RELEASE HCA Medicaid Data, Claims-Based (2015) 1. Child and Adolescent Access to PCP 2. Adult Access to Preventive/Amb. Care 3. Diabetes – Eye Exam 4. Diabetes – Blood Sugar (HBA1c) Test 5. Diabetes – Kidney Disease Screening DOH Immunization (2015) 1. Childhood immunization status 2. Immunizations for adolescents 3. HPV vaccine for adolescents (by sex/M/F) 4. Influenza immunization	FIRST RELEASE (Medicaid Data Filtering Only) -Geographic Region: State, ACH, County, Zip Code, School District, Legislative District -Race/Ethnicity -Age: Adult/Child -Gender -Language: Top 10 languages
FUTURE RELEASE HCA PEB Claims DOH BRFS (Agg) DOH PRAMS (Agg) OTHER - TBD	FUTURE RELEASE Potentially Avoidable ED Visits ACH Preference - TBD	FUTURE RELEASE Diagnoses Measures of Risk/Complexity Other - TBD
FINAL PRODUCT: INTERACTIVE DASHBOARDS THAT ARE REFRESHED THROUGHOUT THE YEAR		

Healthier Washington Interactive Dashboard Testing and Release Schedule



6 GCACH SUSTAINABILITY SURVEY RESULTS

As part of our HRSA (Health Resources and Services Administration) Rural Network Development Planning grant evaluation measures, a GCACH Sustainability Survey was implemented in February 2016 by Sue Jetter, Project Director. Twenty-four Leadership Council members responded via Survey Monkey. Results indicate that the GCACH is strongest in the areas of Vision, Leadership, Collaboration and Relevance/Practicality. Network elements that are less developed are Efficiency/Effectiveness, Communication and Resource Diversification. Survey results and comments will be used to inform actions and meeting plans moving forward. A second survey will be administered in August 2016 to determine overall progress for the network. Thank you Sue!



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
PROJECT													
REGIONAL HEALTH IMPROVEMENT PLAN Mission: The mission of the Greater Columbia ACH is to advance the health of our population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement.													
Budget Approval for RHIP Consultant													
Contract with Consultant (D. Gauck)													
Develop Underlying Themes				29-Apr									
Develop Strategic Issues													
Develop Goals & Strategies													
Develop Measures (check-in with CCHE)													
Community Engagement													
Business Plan for Strategic Issues - ROI													
BOD chooses Project(s)													
RHIP Due (draft?)							29-Jul		final				
WGs prepare for Project Implementation													
Hire Manager to Implement RHIP project													
Implement Project										31-Oct			