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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.

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.

# Greater Columbia ACH

## Director's Report

December 15, 2015

### 1 READINESS PROPOSAL SUBMITTED 11/30/15

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Greater Columbia Accountable Community of Health is one step closer to becoming accountable with the submission of our Readiness Proposal on November 30<sup>th</sup>. A big thank you to Sue Jetter who took on the report and organized our documents, meeting minutes, and data into a document that we can all be proud of. The Health Care Authority has told ACH lead organizations that it will take approximately 30 days to review the other five proposals so we should have an answer by December 30<sup>th</sup>. The King County ACH and Better Health Together in the Spokane region both received designation as ACHs on November 19.

There are nine ACH regions that collectively cover the entire state and four have achieved official designation status. Designation means the ACH has:

- Demonstrated a governance structure that reflects balanced multi-sector engagement,
- Strong backbone support to perform financial, administrative and other collaborative functions,
- Identified priority areas and strengths based on ongoing regional health needs,
- Established an operating budget with an eye toward sustainability.

### 2 WHA RELEASES COMMON MEASURE SET FOR ACHS

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On December 8, 2015 the Washington Health Alliance (WHA) released the [Performance Results for Accountable Communities of Health](#). The Common Measure Set, implemented for the first time in 2015, is a "starter set" of 52 measures that enables a common way of tracking important elements of health and health care performance. Reviewing the results will help ACHs determine how well health care and community systems are performing and will enable a shared understanding of areas to target for improvement.

Measure Name	Better Health Together	Cascade Pacific Action Alliance	Greater Columbia	King	North Central	North Sound	Olympic	Pierce	SW WA Regional Health Alliance
<b>Health Screenings</b>									
Adolescent well-care visits	BETTER	WORSE	WORSE	BETTER	AVERAGE	WORSE	AVERAGE	BETTER	WORSE
State average:	37%								
Screening for breast cancer	BETTER	WORSE	AVERAGE	BETTER	AVERAGE	WORSE	WORSE	WORSE	WORSE
State average:	74%								
Screening for cervical cancer	AVERAGE	WORSE	WORSE	BETTER	WORSE	WORSE	WORSE	WORSE	WORSE
State average:	75%								
Screening for chlamydia	BETTER	WORSE	WORSE	AVERAGE	AVERAGE	WORSE	AVERAGE	AVERAGE	WORSE
State average:	36%								
Screening for colon cancer	AVERAGE	WORSE	WORSE	BETTER	WORSE	WORSE	WORSE	AVERAGE	AVERAGE
State average:	63%								
Well-child visits - ages 3 - 6 years	BETTER	WORSE	WORSE	BETTER	WORSE	AVERAGE	WORSE	AVERAGE	WORSE
State average:	63%								
<b>Heart Disease</b>									
Cholesterol-lowering medication	AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE
State average:	78%								

Measures are focused on access to primary care, prevention, acute care and chronic care. Because the measures are largely standardized and nationally vetted, it is possible to compare the performance of Washington State to national benchmarks, as well to conduct comparisons such as among counties, ACHs, medical groups and clinics, and hospitals.

The WHA has offered to meet with all ACHs to talk about the data, and see patterns across ACHs and across the State. These results can be reported by County level as well. These measures will enable GCACH to establish baselines on certain measures where they want to move the dial.

### 3 MEDICAID WAIVER

On December 1st, the Health Care Authority released the [Medicaid Transformation Waiver Guide To Development Of The Transformation Projects List](#) followed up on December 8th by a webinar to explain how to submit project proposals. A final list of projects will not be formalized until after an approved waiver is in place. If you wish to submit a project through GCACH please e-mail completed project templates by January 13th to Aisling Fernandez, [afernandez@bfcha.org](mailto:afernandez@bfcha.org), or anyone can submit a project to HCA by submitting their completed project template to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject "Medicaid Waiver Project" by January 15th, 2016.

Projects must be approved by CMS and will then be supported through waiver investments overseen by Accountable Communities of Health (ACHs).

Through the waiver, the State is seeking a federal investment in the following four key goals:

1. Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional long term services and supports (LTSS), 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 Washington's tribal members.
4. Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

## 4 REGIONAL HEALTH IMPROVEMENT PLANNING PROCESS

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As determined by the state, a Regional Health Improvement Plan will be developed by the ACH community to tackle strategic health issues as uncovered through a careful assessment of data and community input. The statutory basis for the ACH planning requirements can be found in HB2572 Section 4 (4)(G) as follows: "Lead health improvement activities within the region with other health systems, including primary care and specialty practices; ambulatory, hospital, long-term services and supports; behavioral health; and social services and public health agencies, to improve outcomes and the overall health of the community, improve health care quality, and lower costs." From this statement of legislative intent several facets of ACH planning become clear. ACH planning:

- Spans a wide variety of interest areas, not just the medical care or public health systems
- Is action oriented in that its intent is to make specific performance improvements; it must therefore have an implementation component
- Is about the triple aim outcomes
- Is participatory and collaborative
- Builds on existing work wherever possible

GCACH has been gathering an inventory of projects and programs under the four priority areas identified through data analysis, stakeholder input, regular meetings, and two regional retreats in order to take the next step; project/program selection. The Assessment and Planning committee, a subset of GCACH members, has been shaping the RHIP process, and during the next several months, the best projects and programs that meet criteria that fall into the four priority areas, Care Coordination, Behavioral Health, Obesity/Diabetes, and Healthy Youth/Equitable Communities will be reviewed, scored, and considered for inclusion in the RHIP.

The GCACH is adapting a criteria tool developed by North Sound ACH, and tested by the Leadership Council in November, as the basis to score projects for the plan.

It is expected that a consultant will be hired to lead the RHIP process who will work closely with the Priority Work Groups, the Leadership Council, and the backbone agency to develop goals for each area, and an action plan that scales up existing and successful programs already being delivered in the Greater Columbia regional service area.