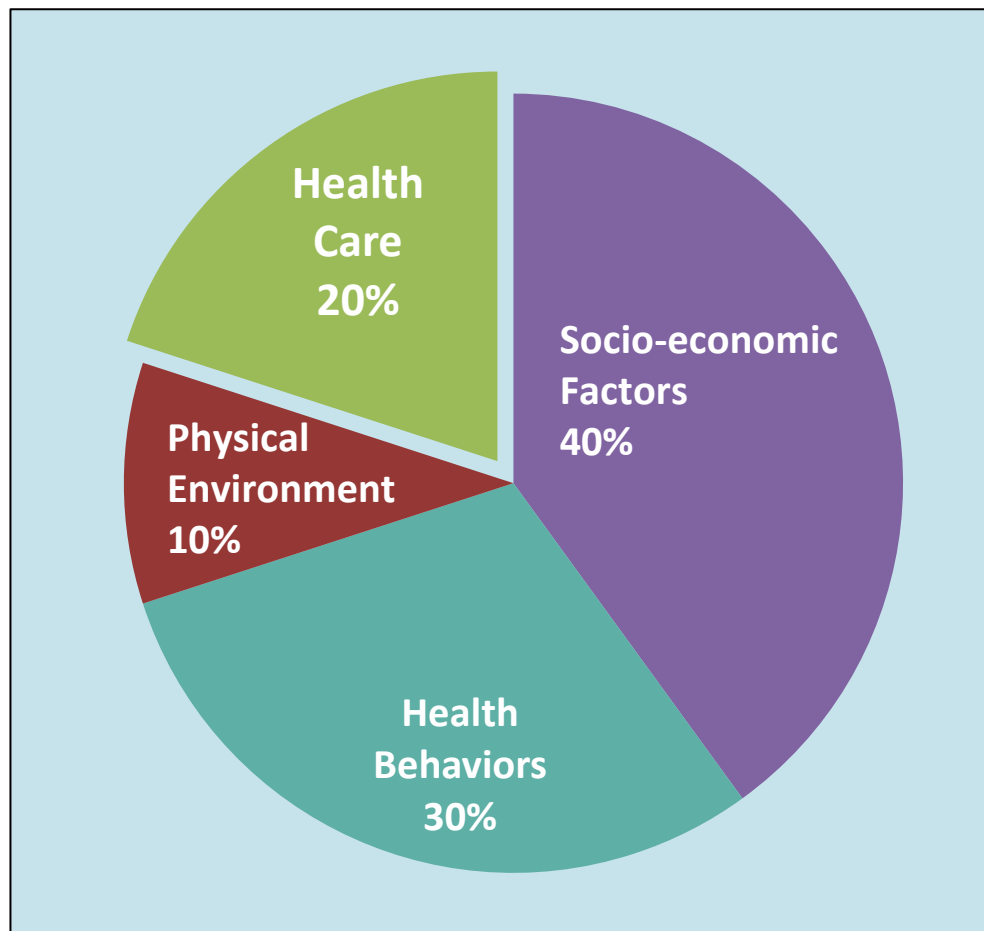


Accountable Communities of Health

March 1, 2016

Chase Napier, Kayla Down

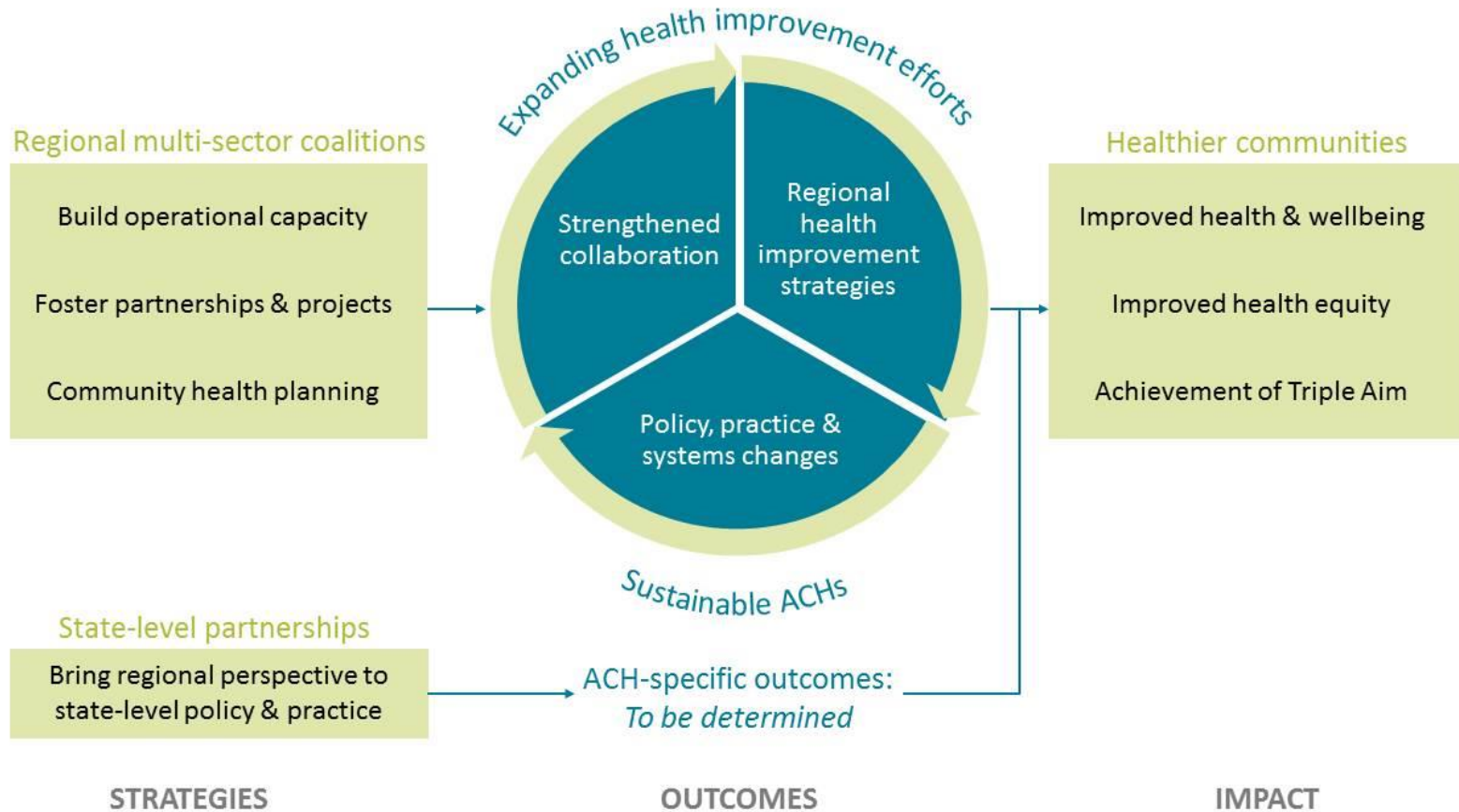
Healthier Washington recognizes that health is more than health care.



Adapted from: Magnun et al. (2010). *Achieving Accountability for Health and Health Care: A White Paper*, State Quality Improvement Institute.. Minnesota.

Simplified theory of change

Accountable Communities of Health | Theory of Change



Successful first year

All nine regions were formally designated as ACHs

- HCA encouraged community-driven development, which resulted in variation.



Regional priorities and projects are emerging

- ACHs are identifying health priorities & moving towards projects. Challenging and fulfilling to build multi-sector collaboration.

ACHs: A Foundation of Healthier WA





Medicaid Transformation Goals: Triple Aim

- Reduce avoidable use of intensive services and settings—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails
- Improve population health—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health
- 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
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends

Medicaid Transformation Initiatives

Initiative

1

Transformation through Accountable Communities of Health

Each region, through its Accountable Community of Health, will be able to pursue transformation projects focused on health systems capacity building, care delivery redesign, and population health improvement.

Initiative

2

Service Options that Enable Individuals to Stay at Home and Delay or Avoid the Need for More Intensive Care

A broadened array of Long Term Services and Supports (LTSS).

Initiative

3

Targeted Foundational Community Supports

Targeted supportive housing and supported employment services will be offered to Medicaid beneficiaries most likely to benefit from these services.



Thank you!

- Community Transformation monthly touch base scheduled for:
 - Thursday, March 17th 2016, from 2:00-3:00 pm
 - Reminder, and updated FAQ (if necessary) will be sent out ahead of time via a Feedback Network Blast

Contact us

CommunityTransformation
@hca.wa.gov

Learn more:
www.hca.wa.gov/hw



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The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.



Olympic
COMMUNITY *of* HEALTH

February 11, 2016

What is an ACH

Accountable Communities of Health (ACHs) are where public and private entities come together to work on shared health goals. ACHs address health needs where they occur – at the local level. ACHs are based on the notion that health is more than health care, and will focus on issues that affect health, such as education, income, housing, and access to care, in order to address the needs of the whole person, and integrating purchasing on a regional basis to bring down costs and pay for value. *Adapted from WA State Health Care Authority ACH Fact Sheet July 2015*

The OCH Launch...

- 9/14 Clallam, Jefferson, Kitsap County Boards of Health request HCA allow joint regional ACH (*originally to be part of 11 county ACH*). BOH Request approved.
 - 9/14 Regional Steering Committee of local health and human service leaders launch OCH effort.
 - 11/14 First Stakeholder meeting held November 7, 2014 in Port Townsend. Decision to apply for State Innovation Model (SIM) Funding, KPHD chosen as “Backbone” to manage SIM award.
 - 1/15 \$100,000 SIM funding awarded.
 - 5/15 Consultant hired (resigns effective October 5, 2015).
 - 7/15 2nd Stakeholder meeting held. Sector representatives selected. Governance Charter initiated.
 - 6-9/15 Interim Leadership Council Charter created over summer by Steering/Governance Committee.
 - 10/15 Consultants hired (10/10/15) to ensure Year One Award work fulfilled.
 - 10/15 Interim Leadership Council first meeting held October 19, 2015. Subcommittees initiated.
 - 10-11/15 OCH “Readiness Proposal” prepared, ILC recommends submittal, submitted November 27.
- December 23, 2015 Olympic Community of Health officially designated by Health Care Authority.**

Olympic Community of Health Purpose

“Regional Vision, Local Action”

CHARGE: Through diverse multi-sector partnerships, ACHs are an integral part of the Healthier Washington initiative. The Olympic Community of Health will:

- Establish collaborative decision-making on a regional basis to improve health and health systems, focusing on social determinants of health, clinical-community linkages, and whole person care.
- Bring together all sectors that contribute to health to develop shared priorities and strategies for population health, including improved delivery systems, coordinated initiatives, and value based payment models.
- Drive physical and behavioral health care integration by making financing and delivery system adjustments, starting with Medicaid.

Better Health. Better Care. Lower Cost. <http://www.olympiccommunityofcare.org>

Interim Coordinating Structure

OCH INTERIM LEADERSHIP COUNCIL

CHARGE: Support formation of an Olympic (Accountable) Community of Health and its future designation, serving in a transitional role October 2015 – February 2016 until a yet more formal Governing Board with additional sectors and deeper representation is in place. Provide 1-2 ILC members each subcommittee to chair and report back to ILC.

- Create a regional pathway to improving patient care, reducing the per-capita cost of health care and improving health of the population.
- Guide a regional vision by bringing the voice of sectors and the stakeholders they represent to the table to work collectively toward common areas of focus: access to care, population health improvements, access to “Whole Person” Support and promoting data sharing and a region-wide infrastructure. Collaborate across systems to improve our community safety and well being. Adhere to the OCH Guiding Principles.
- Intentionally work now to deepen stakeholder participation 1) within each sector so that representation on the Governing Board is rich with the experience and voice and 2) bring additional sectors and representation yet to be identified from Community Services System.

MEETINGS:

- | | | |
|--------------|--------------------|---------------|
| • 10/19/2015 | 2:30 pm – 5:00 pm | Silverdale |
| • 11/02/2015 | 1:00 pm – 4:00 pm | Port Gamble |
| • 12/07/2015 | 3:00 pm – 5:00 pm | Port Townsend |
| • 01/11/2016 | 1:00 pm – 4:00 pm | Port Gamble |
| • 2/29/2016 | 10:00 am – 4:00 pm | Port Gamble |
| • 3/22/2016 | TBD | Port Gamble |

GOVERNANCE SUBCOMMITTEE

CHARGE: Research/recommend evolving governance structure for OCH. Research/recommend legal form of OCH to ILC including bylaws. Act on legal form if indicated.

MEETINGS:

- | | |
|------------|-----------|
| 10/30/2015 | 1/29/2016 |
| 12/07/2015 | TBD |

COMMUNITY HEALTH ASSESSMENT & PLANNING

CHARGE: Facilitate service gap analysis, priority setting; CHIP; develop approach for Regional Health Improvement Plan by 11/15; performance measures, recommend innovations. Carry out RHIP via collective impact.

MEETINGS:

- | | |
|------------|-----------|
| 10/21/2015 | 1/11/2016 |
| 11/13/2015 | 1/26/2016 |
| 12/18/2015 | 3/07/2016 |

SUSTAINABILITY SUBCOMMITTEE

CHARGE: Research and recommend OCH sustainability plan and health care payment models.

- MEETINGS:** 10/27/2015 12/21/2015
11/06/2015

OCH STAKEHOLDERS

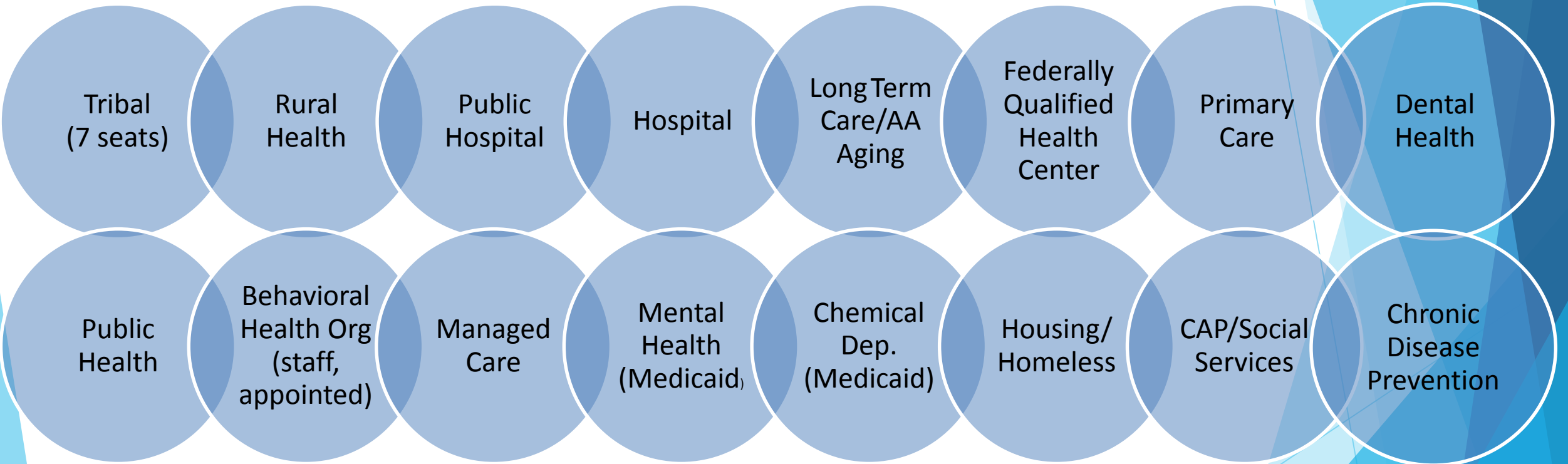
OCH STAKEHOLDERS

Represent a group of people in Clallam, Jefferson and Kitsap Counties who represent entities from a variety of different sectors with a common interest in improving health.

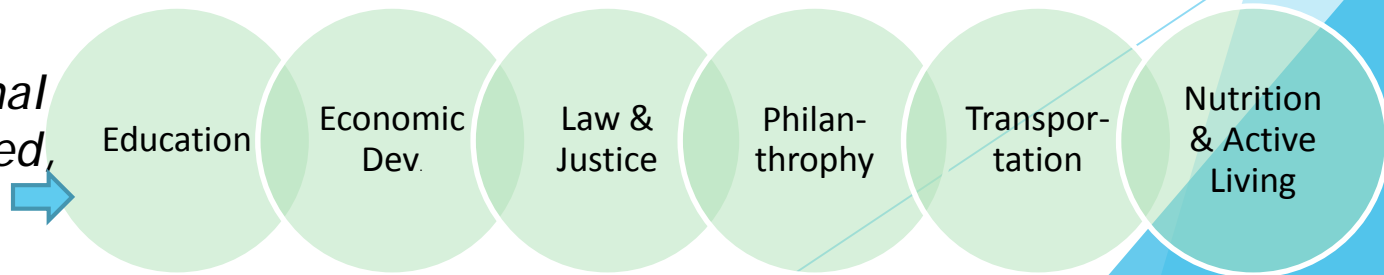
STAKEHOLDER MEETINGS

- 1st November 2014
- 2nd July 29, 2015
- 3rd November 2, 2015
- 4th March 22, 2016

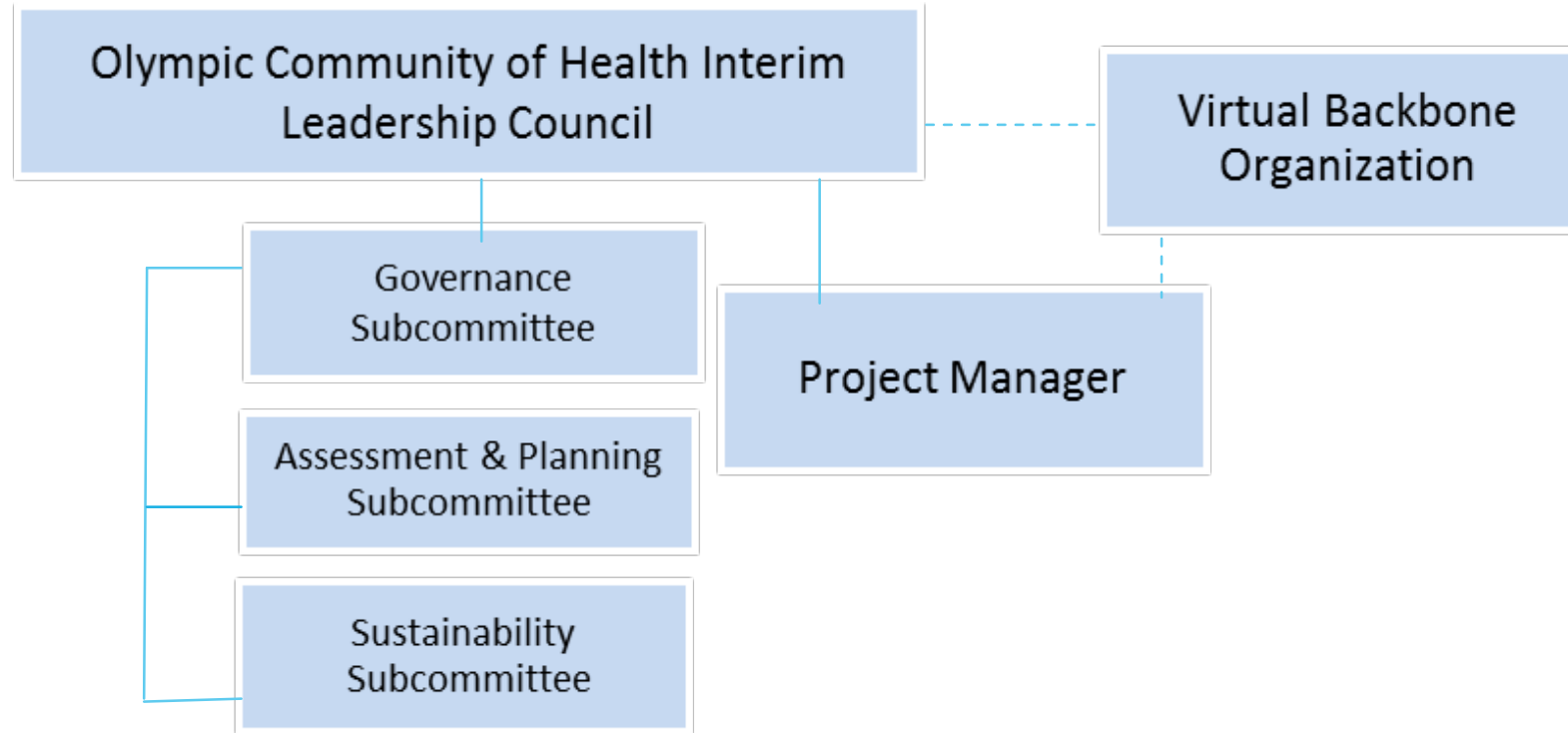
OCH Interim Leadership Council Seats by Sector Representation



Example of additional Stakeholders involved, current or future



ILC Governance & Staffing Structure



Olympic Community of Health Accomplishments

- ▶ Olympic Community of Health officially designated by HCA as 1 of 9 “Accountable Communities of Health”
 - ❖ *Interim governing body Charter established*
 - ❖ *Shared areas of focus for health and wellbeing agreed upon*
 - ❖ *Roles and responsibilities of OCH governing body leadership and “backbone” organization defined*
- ▶ Over 80 community providers and community stakeholders participate in building OCH, defining priorities
- ▶ Regional Health Improvement Plan (RHIP) nearing completion
 - ❖ *Identified community health and wellbeing gaps and assets (health and social determinants of health)*
 - ❖ *Substantial Inventory of Local/Regional Collaborations and Initiatives developed*
 - ❖ *Repository of Health and Social Determinant of Health Plans created, shared priorities discerned*
 - ❖ *Community engagement in development of priorities*
 - ❖ *Crosswalk of OCH Focus Areas to specific projects that may be selected by OCH as priorities.*
- ▶ OCH participation in Medicaid Waiver Transformation Project submissions at local, regional, state level. Discussions between WA HCA and CMS now, possible Global Waiver granted by end of April. Post waiver applications may be made for funding of Projects under priorities included in HCA and CMS agreement.
- ▶ RHIP and Medicaid Waiver Transformation Project submissions generate regional conversations and opportunities for additional collaborations for health and health system improvements
- ▶ OCH Program Director hiring process nears completion, March 2016.

OCH ILC Charter Focus → DRAFT: Emerging Regional Opportunities

FOCUS AREAS		CHARTER COMPONENTS				
ACCESS TO CARE		<ul style="list-style-type: none"> Increase the number of insured individuals in our region. Increase network adequacy for Primary Care Providers, Specialty Care Providers, Behavioral Health Services Providers and Oral Care Providers. 				
ACCESS TO "WHOLE PERSON" SUPPORT		<ul style="list-style-type: none"> Increase affordable housing options and food security throughout the region. Increase the number of individuals who have Medical Health Homes and integrated behavioral health and oral health services Increase knowledge of, and integrate service delivery to address, Social Determinants of Health and Adverse Childhood Experiences. Increase care coordination and utilize social services support. Increase supports for age friendly communities, aging in place, in particular options for dementia and palliative care. 				
		POPULATION HEALTH IMPROVEMENTS		<ul style="list-style-type: none"> Ensure every county has a plan to increase population health with a specific focus on reducing the prevalence of diabetes, high blood pressure, obesity, child and vulnerable adult abuse and neglect, mental illnesses, and substance abuse. Ensure every county has a plan to address key areas that effect overall health, including affordable and adequate housing, education, poverty, employment, health workforce development, crime, transportation, environment. Participate in selecting and piloting regional and state innovations. 		
				DATA/ REGIONAL INFRASTR UCTURE		<ul style="list-style-type: none"> Promote region-wide data sharing and infrastructure to increase measurement, accountability, and coordination of care.

TABLE 1. OPPORTUNITY AREAS	OUTCOME:		WAIVER PROJECT (state/regional)	CURRENT PROJECT (off Health Initiatives Inventory)	POSSIBLE ACTION TEAMS
	SHORT 0-3 yrs	LONG			
TIER 1: ACTIONABLE					
ENROLLEES MAINTAINING INSURANCE	X			Enrollment navigators	
PRIMARY CARE PROVIDER SHORTAGE	X			HMC residency pgrm/KMHS/PCHS	
ORAL HEALTH ACCESS – PEDIATRIC AND ADULT	X	X	State/Regional	PCHS KMHS VIMO ABCD	
HOUSING & EMS: INTENSIVE CASE MANAGEMENT FOR HOUSING	X		Regional	K:1/10th	
INTEGRATION OF PRIMARY CARE AND BEHAVIORAL HEALTH	X	X	State/Regional	PCHS model HHP/KMHS	
BIRTH/EARLY CHILDHOOD	X	X	State	NFP, PAT	
HIGH UTILIZERS/ "FREQUENT FLYERS"	X			PCHS model HHP/KMHS Hospitals Clallam 1/10 th	
AGING/ CAREGIVER SUPPORT/ END OF LIFE	X	X	State/Regional	Area Agencies on Aging	
CHRONIC DISEASE PREVENTION		X	State	1422	
CHRONIC DISEASE SELF-MANAGEMENT	X		State	1422	
REGIONAL BEHAVIORAL HEALTH PLAN	X			Counties	
TIER 2: NOT ACTIONABLE AT THIS TIME					
TRANSPORTATION		X			

OCH Interim Leadership Council Next Steps

- ▶ Hire 1 FTE Program Director
- ▶ Host 3/22 Stakeholder meeting
- ▶ Review ILC Charter and monitor relationship to emerging Coordinating Entity guidance, make changes to adapt governance structure.
- ▶ Complete Regional Health Improvement Plan Process by May and prepare to seize new opportunities
- ▶ Monitor Medicaid Waiver Transformation conversation with CMS, encourage regional stakeholder engagement with agreed upon Waiver priorities, if approved.
- ▶ Enhance communications (website) and routine monthly email news to stakeholders
- ▶ Review community engagement planning for future action
- ▶ Maintain representation at State affiliated workgroups, and feedback loop with stakeholders
- ▶ With fiscal backbone, Kitsap Public Health District, budget and prepare to respond to new HCA Healthier Washington Accountable Community of Health expectations and guidance