

COMMUNITY HEALTH PLANNING MEETING

Okanogan County
July 30, 2014

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Today's Objectives

- Provide a context: how did we get here? why did we get here?
 - ▣ State Health Innovation Plan
 - ▣ Accountable Communities of Health
 - ▣ North Central's Planning Grant
- Establish a framework for the “local” discussion. what are the next steps?

Jargon....

Value Based Payment – Outcomes based payment model linked to health outcomes, patient experience and utilization effectiveness.

Volume Based Payment/Fee for Service – Today's primary payment model – rewards volume.

Triple Aim – The Institute for Healthcare Improvement (IHI) believes that focusing on **three critical objectives** simultaneously can potentially lead us to better models for providing healthcare.

1. **Better Health**: Improve the health of the defined population.
2. **Better Care**: Enhance the patient care experience (including quality, access and reliability).
3. **Lower Cost**: Reduce, or at least control, the per capita cost of care.

Washington State Health Care Innovation Plan

- Overview/ Purpose
- Key Legislation
- Key Activities and Timelines

Purpose of the Plan

Current System:

- Inconsistent and weak linkages between clinical and community interventions.
- Lack of incentives and necessary support to coordinate multiple aspects of an individual's health and health care.
- Financing and administrative barriers to integrated, whole-person care.
- Disjointed diversity of payment methods, priorities, and performance measures.
- Slow adoption of alternative, value-based payment.
- Relevant clinical and financial information often unavailable for provision of care and purchasing decisions.

Transformed System:

- Health systems positioned to address prevention and social determinants of health as part of the broader community of health.
- Support at the state and local levels for practice transformation that emphasizes team-based care.
- An emphasis on regionally responsive payment and delivery systems, driven by integrated purchasing of physical and behavioral health care.
- State leadership in deploying innovative purchasing models and requirements that drive value over volume.
- Alignment between public and private purchasers around common measures of performance with value-based payment as the norm.
- A transparent system of accountability, allowing purchasers, consumers, providers, and plans to make informed choices.

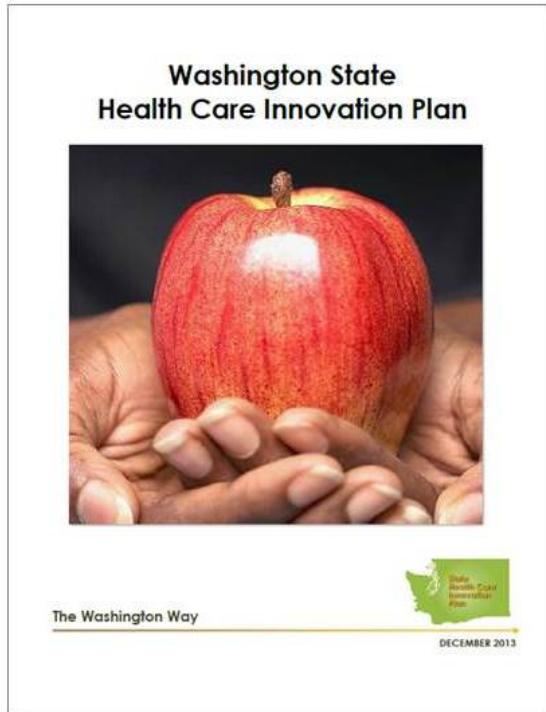
**Better Health
Better Care
Lower Cost**

Three Core Strategies

Supported
by
HB 2572
and
SB 6312

- **Build healthy communities and people** through prevention and early mitigation of disease throughout the life course.
- **Drive value-based purchasing** by rewarding quality health care over quantity, with state government leading by example as Washington's largest purchaser of health care "First Mover".
- **Improve chronic illness care** through better integration of care and social supports, particularly for individuals with physical and behavioral health co-morbidities .
(more than 1 illness)

Seven Building Blocks



- Quality and price transparency
- Person and family engagement
- Regionalize transformation
- Accountable Communities of Health (ACHs)
- Leverage and align state data
- Practice transformation support
- Workforce capacity and flexibility

HB 2572

Authorized and financed initiation of foundational Innovation Plan building blocks including:

- ▣ Regional mobilization,
- ▣ Clinical-community linkages and practice transformation,
- ▣ Improved data collection architecture for performance and transparency metrics, and
- ▣ Integrated Medicaid managed care procurement tied to enhanced performance metrics.

SB 6312

Mandated integrated physical and behavioral health purchasing options for Medicaid coverage beginning in 2016, with fully integrated physical and behavioral health purchasing expected by 2020.

Why now?

The SHCIP fuels a \$100,000,000* CMS State Innovation Model Grant (SIM) Grant Program

- ▣ Round 1: \$1M for Planning
- ▣ Round 2: July 21, 2014
- ▣ Award Notification: October 31, 2014

* Not a typo!!!

Accountable Communities of Health

- Overview/ Purpose
- Regional Service Area
- Impact
- Examples of local responses

An ACH is.... (per John Wiesman)

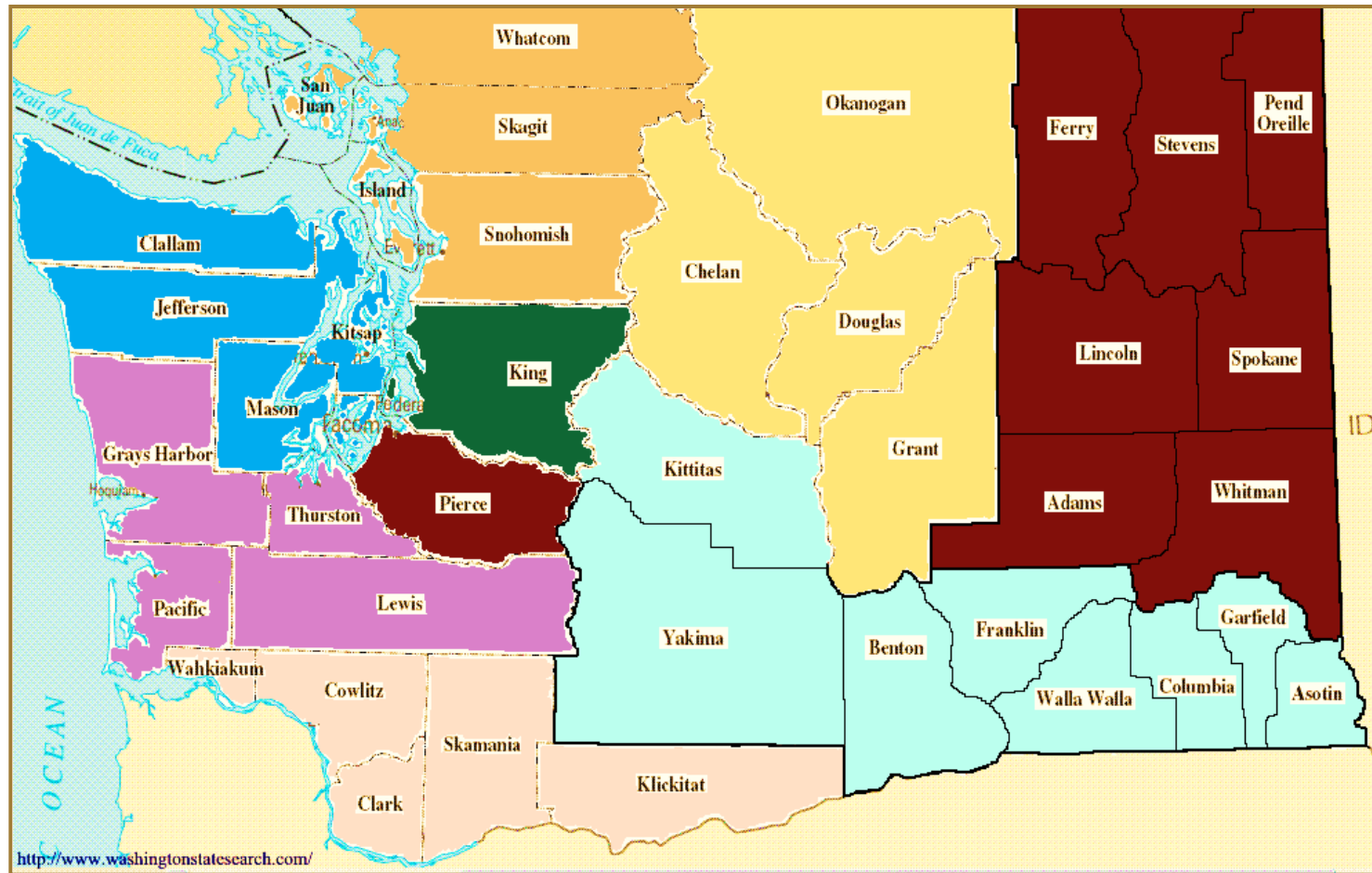
- Regionally based, voluntary collaboratives to **align actions to achieve healthy communities and populations**, improve health care quality and lower costs.
- Based on the premise that no single sector or organization in a community can create **transformative, lasting change** in health and health care alone.
- Clinical, community, and government entities must coordinate their efforts and actions around **clearly defined goals that support whole-person health**.
- Shift from traditional State- community engagement approaches to those of **partnership to achieve mutual aims**.

ACH is a Framework for a Regional System

Coordinate and integrate the delivery system with community services, social services and public health

- ▣ Create 7-9 regional service areas
- ▣ Medicaid procurement moves to these 7-9 regions
- ▣ ACH organization within each region
- ▣ Integrated Medicaid managed care procurement tied to enhanced performance metrics.
 - ▣ **Better cross sector alignment on statewide priorities**
 - ▣ **Local solutions thrive**
- ▣ Key state community service supports better aligned with regions over time.

9 Regional Service Areas



Washington's "Communities of Health (COHs)"

- 1 Pierce County Health Innovation Partnership
- 2 North Sound Accountable Community of Health
- 3 King County
- 4 Better Health Together
- 5 CHOICE Regional Health Network
- 6 Benton-Franklin Community Health Alliance
- 7 Southwest Washington Regional Health Alliance
- 8 South Puget Intertribal Planning Agency
- 9 Yakima County Accountable Community of Health
- 10 North Central Health Partnership

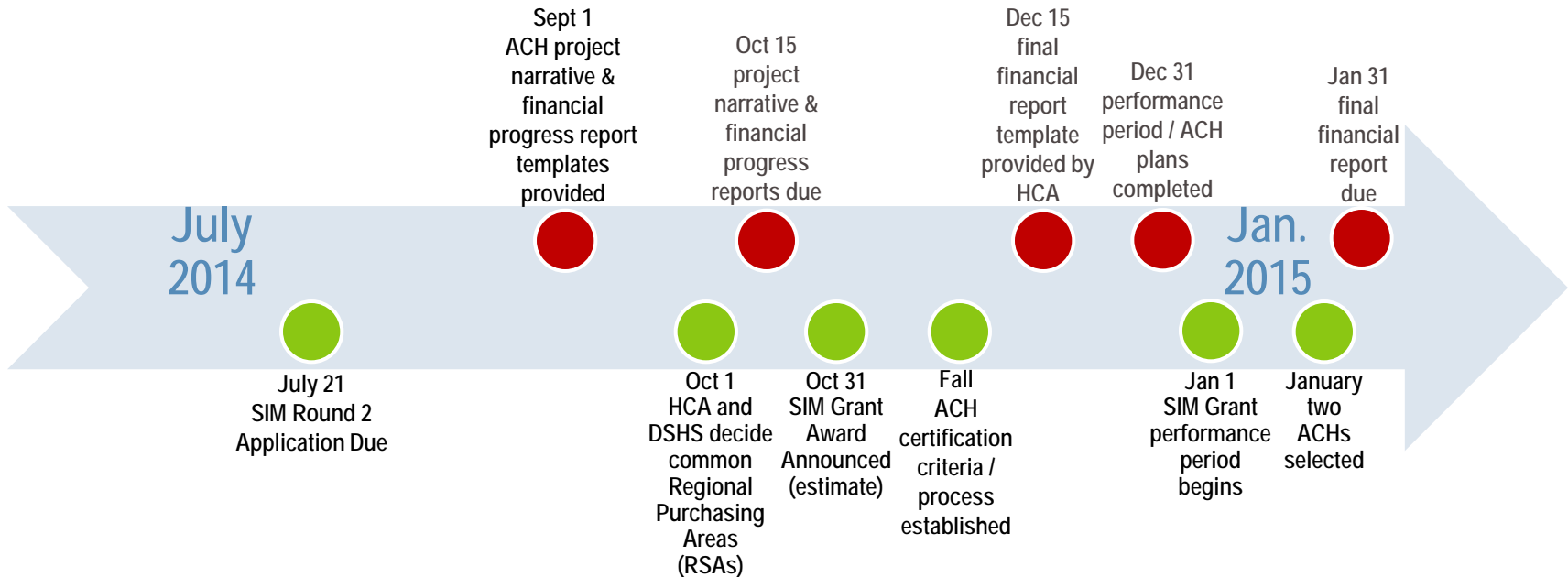


Impact to Okanogan

“You don’t have to drink the Kool Aid but ACH’s are not going away” Sue Deitz, CAHN Board meeting 11/2012

- ▣ **Collectively impact health through regionally driven priorities and solutions**
- ▣ **Develop and work in partnership with the state on health systems transformation**
- ▣ **Maintain a local identity while aligning with State efforts**
- ▣ **Develop a region-wide health assessment and regional health improvement plan, including Medicaid purchasing alignment**
- ▣ **Driver of accountability for results**
- ▣ **Forum for harmonizing payment models, performance measures and investments**
- ▣ **Health coordination and workforce development**

Timeline / Milestones



Red Specific to ACH Planning Grant

Green SIM Round 2, Innovation Plan and "Other"

North Central's Planning Grant

- Overview/ Purpose
- County Coalitions
- Key Activities and Timelines

Purpose of the Planning Grant

- “The purpose of the ACH initiative is to **formally recognize, resource, and evaluate the impact of cross-sector alignment,** partnership, and commitments to improve health and lower costs in communities across Washington State.”
- “Intended for communities committed to planning how they would **align, amplify, and evolve existing priorities and efforts to develop multi-sector shared priorities** and approaches to achieving better health, better care, and lower costs, as well as establish an Accountable Community of Health structure to coordinate and link community action.”
- “HCA expects this **planning opportunity to inform the State and help prepare communities** in anticipation of an Accountable Community of Health designation process in late 2014.”

Can you say “Fast and Furious”?!?

- Letter of Intent –Okanogan County Public Health
- Association of Washington Public Hospital Districts provide resources to assure representation.

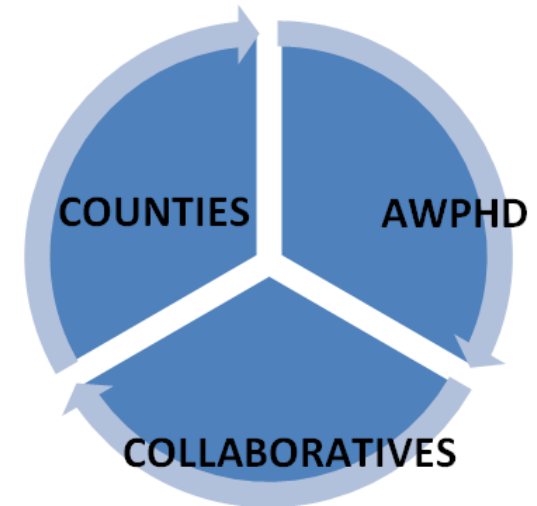
Activity	Due Dates	Time
Grant Opportunity Release Date	May 2, 2014	
Mandatory Letter of Intent to Apply Due	May 9, 2014	3:00 PM, Pacific Time
Applicant Questions Due	May 14, 2014	3:00 PM, Pacific Time
Pre-Application Conference Call	May 16, 2014	10:00 AM, Pacific Time
Answers from HCA	May 19, 2014	
Application Deadline	May 30, 2014	3:00 PM, Pacific Time
Evaluation Period (approximate time frame)	June 2, 2014 – June 9, 2014	
Projected Announcement of Apparently Successful Applicants (ASA)	June 13, 2014	
Final Execution and Grant Award	June 30, 2014	
Grant period of performance	June 30, 2014 – December 31, 2014	



Regional Leadership

Triangulation of stakeholders

- (1) Counties: Public Health, Aging and Long Term Care,
- (2) Hospitals: Association of Washington Public Hospital Districts, Confluence Health,
- (3) Collaboratives: Community Choice and Coalition for Children and Families.



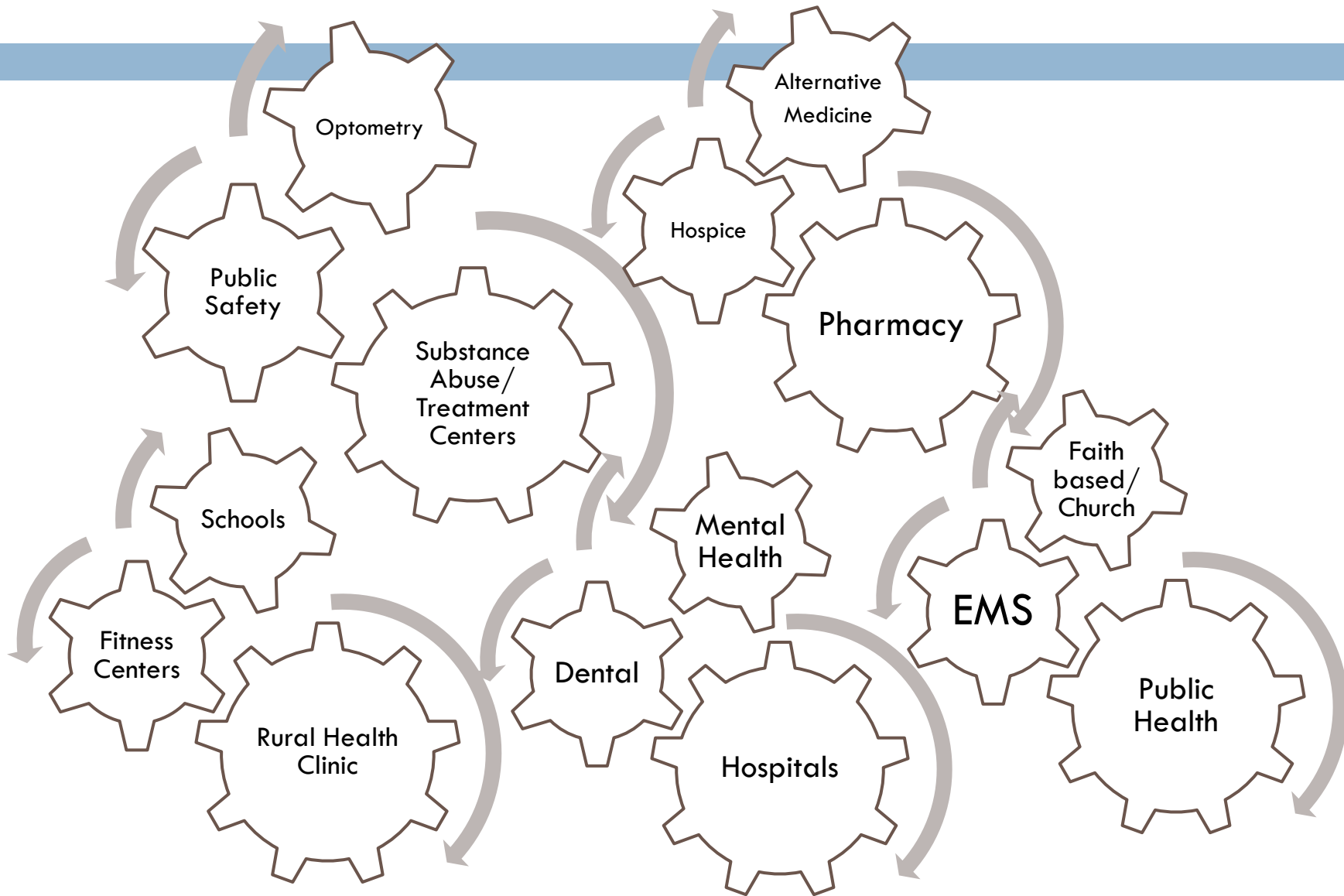
What did we say we would do?

The fundamental activity of the project is *coordinated local level conversations* among stakeholders that will lay the foundation for a meaningful multi-county effort.

Key Grant Required Activities:

- **By July 31:** Create five voluntary local **County Coalitions**, one in each county, to:
 - Establish the local infrastructure to develop, align, and act on achieving health improvement goals, and identify opportunity for cross-sector resource sharing, development, and investment.
 - Promote engagement, transparency and accountability, to bring stakeholder's voices to the table.

What constitutes a County Coalition?



Anticipated Timelines/Outcomes

Key Grant Deliverables:

By November 30: Each County Coalition will develop a **Local Action Plan** using existing data sources to establish health priorities and strategic directions across agencies.

By December 31: Aggregate the five local action plans to develop of a **North Central Community Health Plan.**

6 month Budget

Grant period 6/30/2014 to 12/31/2014

Budget Category	Funds requested
Personnel Costs – Project Lead	\$20,000
Consultants (e.g. Strategic planning Economic/ACA health policy, Grant writing) 200 hours at \$125 hr	\$25,000
Travel – 2 trips to Olympia \$840 each - \$1680 Local travel – 500 miles per month/.56 mile for 6 mo - \$1680	\$3,360
Event Expenses – Meeting room rental, supplies, print materials for meeting, \$328 per meeting for 5 meetings	\$1,640
Total	\$50,000

Technical Assistance is available from HCA.

Discussion, Next Steps, Resources

Thoughts & gut reactions



SHCIP website:

<http://www.hca.wa.gov/shcip/Pages/default.aspx>

How are other regions responding?

- Better Health Together in Spokane
- Whatcom Alliance for Health Advancement (WAHA)

