

# Update on Washington's ACHs

Joint Select Committee  
on Health Care Oversight

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**Mich'I Needham**, chief policy officer, HCA

**Alisha Fehrenbacher**, chief executive officer, Elevate Health

**Alison Poulsen**, executive director, Better Health Together

**Senator Linda Parlette**, executive director, North Central

# Today's presentation at a glance

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- ▶ Accountable Community of Health (ACH) update
  - ▶ 1115 Waiver overview
  - ▶ ACHs and the role they play
  - ▶ Medicaid Transformation priorities
  - ▶ Timeline at a glance
  - ▶ Three ACHs will share some successes and challenges
    - ▶ Elevate Health (Pierce County ACH)
    - ▶ Better Health Together
    - ▶ North Central

# Overview of 1115 Waiver: Medicaid Transformation Project

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- ▶ Delivery system transformation through ACHs and behavioral health integration
  - ▶ *Achieving behavioral health integration by January 2020 is a key milestone with Centers for Medicare & Medicaid Services for continued receipt of federal funds.*
- ▶ Long-term services and supports
- ▶ Supportive housing and supported employment
- ▶ Substance use disorder services in inpatient settings (IMDs)

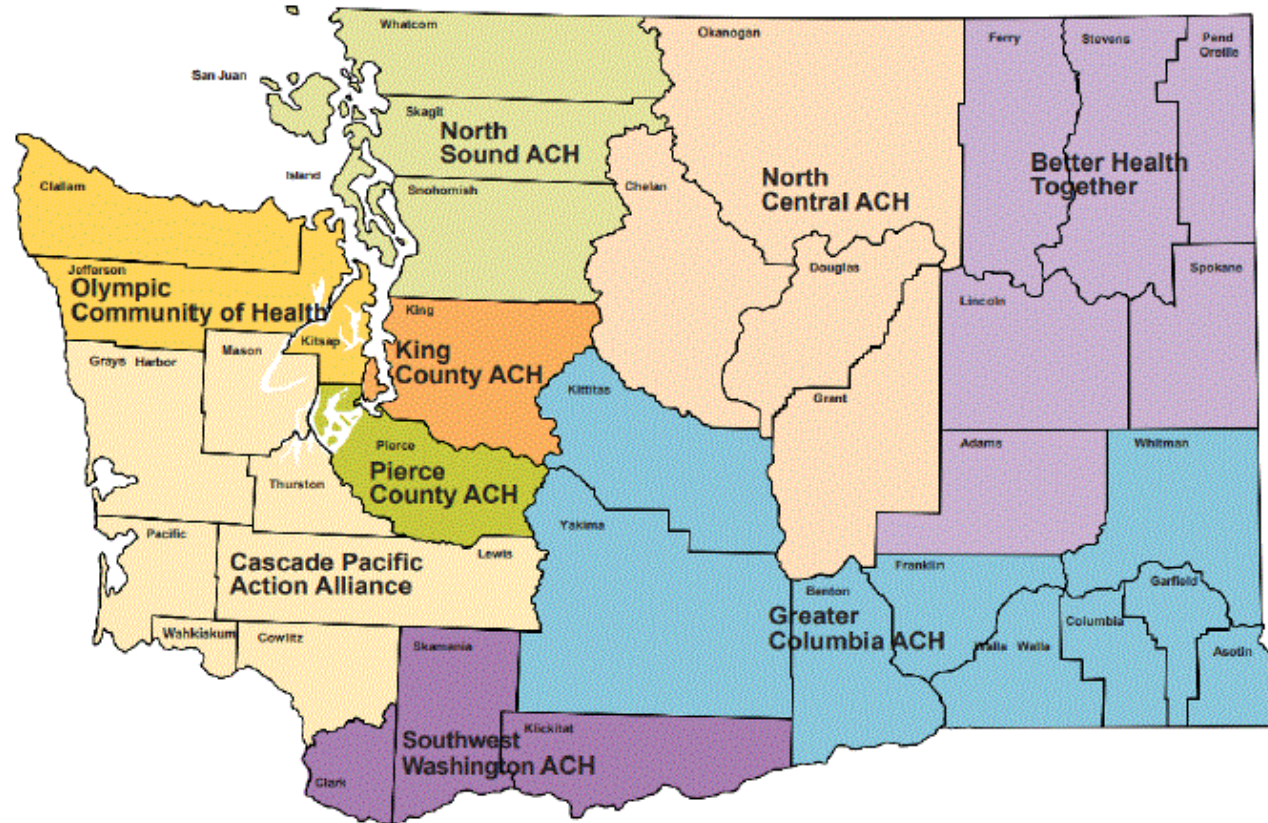
# ACHs and the role they play

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- ▶ Regional organizations that work with community partners on health needs and priorities
- ▶ Address health issues by:
  - ▶ Aligning resources and activities that improve whole-person health and wellness in their community.
  - ▶ Supporting system transformation, including Medicaid Transformation.
  - ▶ Implementing projects that improve population health outcomes.
- ▶ Provide oversight on distribution of earned incentives to providers as part of Initiative 1 of the Medicaid Transformation.

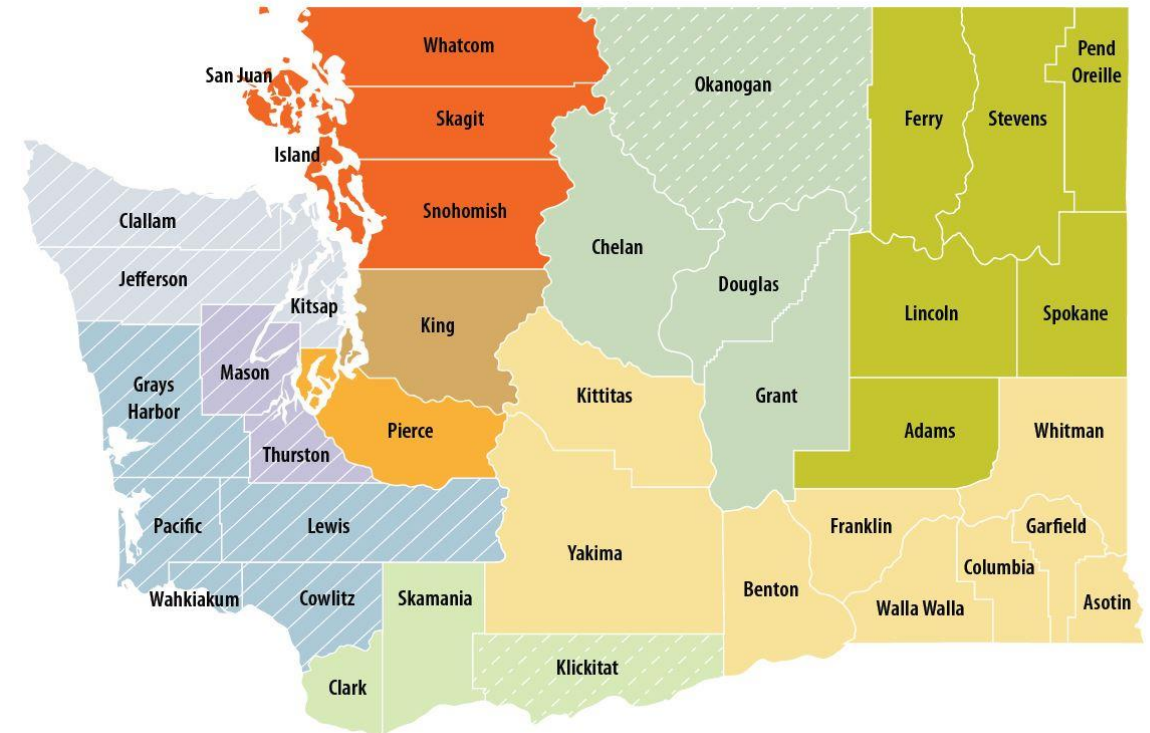
# Map of the ACH regions

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# Medicaid Transformation priorities

- ▶ Integrated managed care (IMC) and whole-person care
  - ▶ Advancing the integration of physical and behavioral health with managed care organizations (MCOs) and ACHs.
  - ▶ To date, seven out of 10 regions have implemented IMC.
  - ▶ By January 2020, all regions will fully implement IMC.



# Medicaid Transformation priorities (continued)

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## ▶ Opioid response

- ▶ All ACHs are working on regional strategies to promote awareness, prevention, treatment, and recovery supports. They are:
  - ▶ Providing prescribing practices and medication-assisted treatment training to hospitals, primary care providers, and behavioral health agencies.
  - ▶ Promoting the Prescription Monitoring Program and its linkage to electronic health records (EHR) systems to increase provider participation.
  - ▶ Established regional opioid workgroups and conducting regional opioid conferences.

# Medicaid Transformation priorities (continued)

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## ▶ Community care coordination

- ▶ Majority of factors tied to health fall outside the traditional health sector.
- ▶ Regional strategies provide continuity across organizations/providers/MCOs and ensure people have access to social supports and community resources.

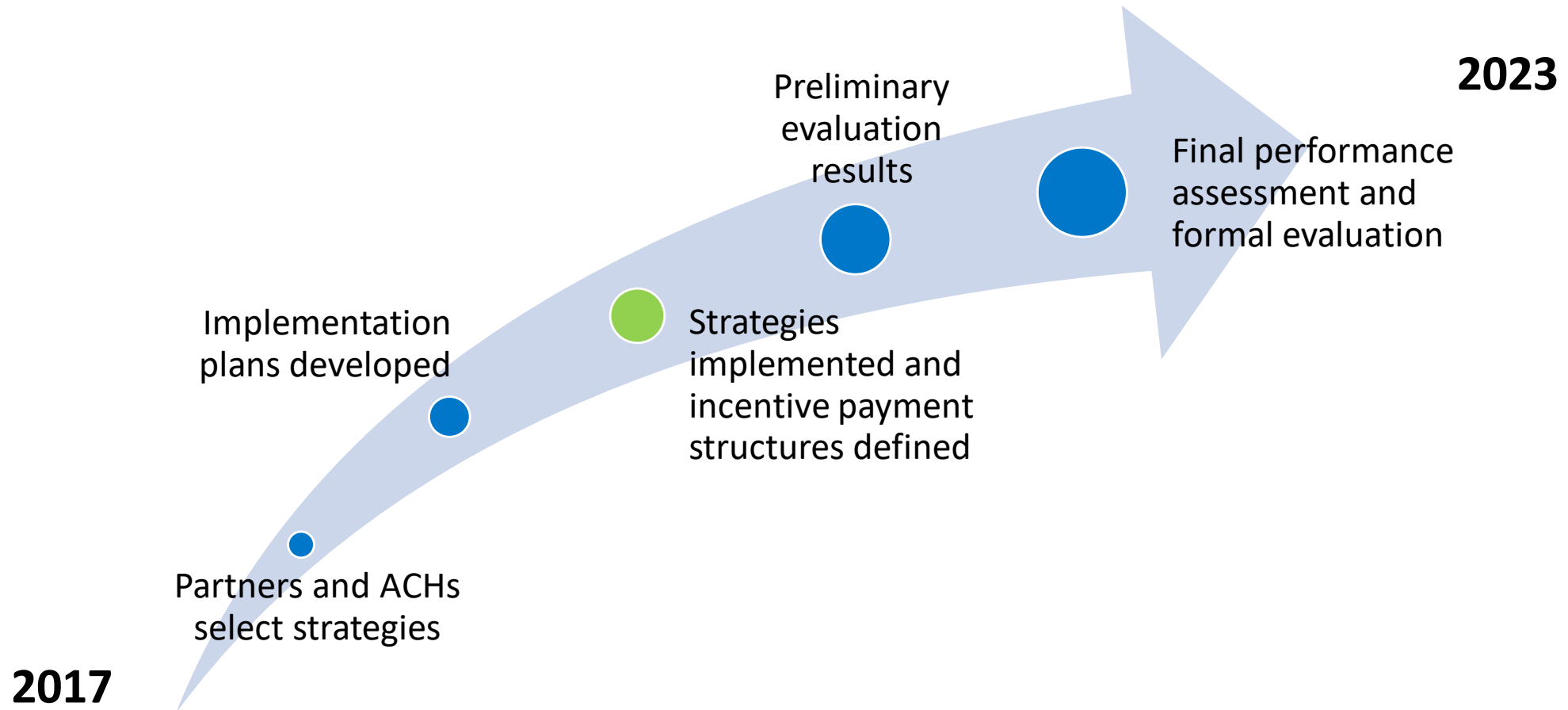
## ▶ Health information exchange

- ▶ Efforts are underway to ensure providers have appropriate information technology infrastructure.
- ▶ ACHs are supporting connectivity among partners to enable coordinated care.



# Medicaid Transformation timeline

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# Let's hear from some ACHs

about their successes and challenges

# Elevate Health (Pierce County ACH)

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## Care coordination

### ▶ Successes

- ▶ Launched Pathways Community HUB.
- ▶ Developed Care Continuum Network for centralized and coordinated care.

### ▶ Challenges

- ▶ Technology solutions
- ▶ Contracts with MCOs (silos in care coordination)

# Elevate Health (continued)

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## IMC mid-adopter

### ▶ Successes

- ▶ Diverse set of partners working toward the best care possible for clients.
- ▶ 150+ participants part of IMC adoption.
- ▶ Held real-time Open Forum for providers to talk about and work together on issues, concerns, and solutions.
- ▶ Established Primary Care Provider Network to provide assistance and resources with Western State discharges.

### ▶ Challenges

- ▶ Technology: many providers launched new EHR systems during go-live.
- ▶ Delay of updated Service Encounter Reporting Instructions caused lag in providers building and testing claims systems.
- ▶ When behavioral health organization sunsetted, there was a lack of information that left gaps unaddressed until after go-live.

# Elevate Health (continued)

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## Building capacity for system transformation and outcomes-driven innovation

### ▶ Successes

- ▶ Hired and trained a team of clinical improvement advisors.
- ▶ Created a *strategic improvement toolkit* to standardize approach to quality improvement.
- ▶ Led Regional Learning Collaboratives to help partners improve care delivery.
- ▶ Built a multi-sector Community Resiliency Fund for sustainability and community health.
- ▶ Building a community information exchange to track performance.

### ▶ Challenges

- ▶ Lack of adjudicated claims are a significant barrier to tracking performance and improving outcomes.
- ▶ Lack of a global consent process for patients is a barrier for data sharing.
- ▶ Narrow window to demonstrate success without real-time data.

# Better Health Together

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## IMC

### ▶ Successes

- ▶ Supporting 32 contracted providers and 3 Tribal behavioral health partners for IMC integration in January 1, 2020.
- ▶ 100% of providers currently have managed care contracts in place and are getting paid.

### ▶ Challenges

- ▶ Behavioral health reimbursement rates are impacting our region's ability to expand access.
- ▶ Continually hear from providers that community health workers/navigators **make a huge difference** in reducing costs and improving outcomes, but their work isn't currently reimbursable in Washington.

# Better Health Together (continued)

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## Transformation projects

### ▶ Successes

- ▶ 39 partnering providers, including 5 Tribal health partners, are implementing plans through pay-for-performance contracts.
  - ▶ Represents 98% of the Medicaid delivery system

### ▶ Challenges

- ▶ Severe shortages in behavioral health
- ▶ Rural areas have difficulty keeping primary care positions filled.
- ▶ Lack of long-term funding mechanisms for care coordination in clinics and community.

# Better Health Together (continued)

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## Community based care coordination

### ▶ Successes

- ▶ Leveraged Medicaid \$1M from Bureau of Justice grant.
- ▶ Demonstrating a model to work across sectors with cost populations.

### ▶ Challenges

- ▶ Complex target population that interacts with many systems/sectors
- ▶ Sustainable funding for any type of community based care coordination
- ▶ Resources for housing and transportation to support stabilization of health





# North Central ACH

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## IMC/whole-person care

### ▶ Successes

- ▶ Created a system that allows 17 primary care and behavioral health agencies to interact and learn from each other (Whole Person Care Collaborative) – more partners working together.
- ▶ Quality Improvement (QI) successes: Increased technical capacity of teams through learning activities and coaching; lessons learned and tools will be shared with the region. Partners are finding significant value in regional practice facilitation.
- ▶ Successfully went to Integrated Managed Care in all 4 counties.

### ▶ Challenges

- ▶ Lack of understanding on the different payment models (e.g. VBP, Rural Payment Model) leads to fear of making costly changes that won't be reimbursed.
- ▶ Payment (including reimbursement) is different for Rural Health Clinics & Federally Qualified Health Clinics - change to whole person care does not address those clinic structures.
- ▶ Workforce Capacity & Shortages: higher turnover rates in rural positions makes it difficult to sustain QI changes.
- ▶ Lack of, or inadequate, Medicaid reimbursement for transitional care management, behavioral health integration and chronic disease care coordination.

# North Central ACH (continued)

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## Care coordination

### ▶ Successes

- ▶ Successfully launched Pathways HUB and have engaged Care Coordination Agencies.
- ▶ Early success has been strategically aligning the Health Home Care Coordination Organization (CCO) network with the Pathways Community HUB Care Coordination Agency (CCA) network. 33% of the new CCA network are experienced CCOs in the Health Home network.

### ▶ Challenges

- ▶ Action Health Partners (AHP) contract negotiations with MCOs is limited due to funding restrictions created by HCA/Medicaid contracting rules restricting use of Per Member Per Month (PMPM) to pay for either of the current recognized community based care coordination models in our state.
- ▶ Washington State Duals Health Home Model is recognized as a Medicaid Provider Program. Pathways Community HUB is only considered a project and therefore not eligible to access vital data and supports that will allow strategic alignment for optimal success.

# North Central ACH (continued)

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## Information exchange

### ▶ Successes

- ▶ Partners are exploring and implementing the Collective Medical® platform which provides real-time data to coordinate care for complex patients across settings.

### ▶ Challenges

- ▶ Asset mapping: need a user-friendly, accurate and sustainable statewide solution that also integrates with care coordination IT platforms (e.g. Pathways Community HUB, Health Homes)
- ▶ Lack of standardization in EHRs across providers leads to:
  - ▶ Inconsistent methods of collecting meaningful data.
  - ▶ Inefficient, time consuming and possibly manual data extraction.
- ▶ Lack of statewide information exchange mechanisms continue to undermine MTP goals around whole person care and care coordination.
- ▶ Policy decisions need to be made if Integrated Managed Care in WA is going to be sustainable.



# Questions?

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- **Mich'l Needham**, chief policy officer  
Health Care Authority  
[mich'l.needham@hca.wa.gov](mailto:mich'l.needham@hca.wa.gov)
- **Alisha Fehrenbacher**, chief executive officer  
Elevate Health  
[alisha@piercecountyach.org](mailto:alisha@piercecountyach.org)
- **Alison Poulsen**, executive director  
Better Health Together  
[alison@betterhealthtogether.org](mailto:alison@betterhealthtogether.org)
- **Senator Linda Parlette**, executive director  
North Central  
[linda.parlette@cdhd.wa.gov](mailto:linda.parlette@cdhd.wa.gov)