

# Regional collaboration for health system transformation: Washington's ACHs



Chase Napier, Medicaid Transformation Manager  
Washington Health Care Authority



Erin Hertel, Sr. Evaluation & Learning Consultant  
Center for Community Health and Evaluation

December 2019

# Agenda

Introduction & Background

Significant accomplishments

Lessons learned

Discussion

- Appendix A. Evolution from SIM to MTP
- Appendix B. Evaluation findings: ACH accomplishments
- Appendix C. Building strong collaborative organizations: promising practices

# WA Accountable Communities of Health (ACH)



## Building Partnerships

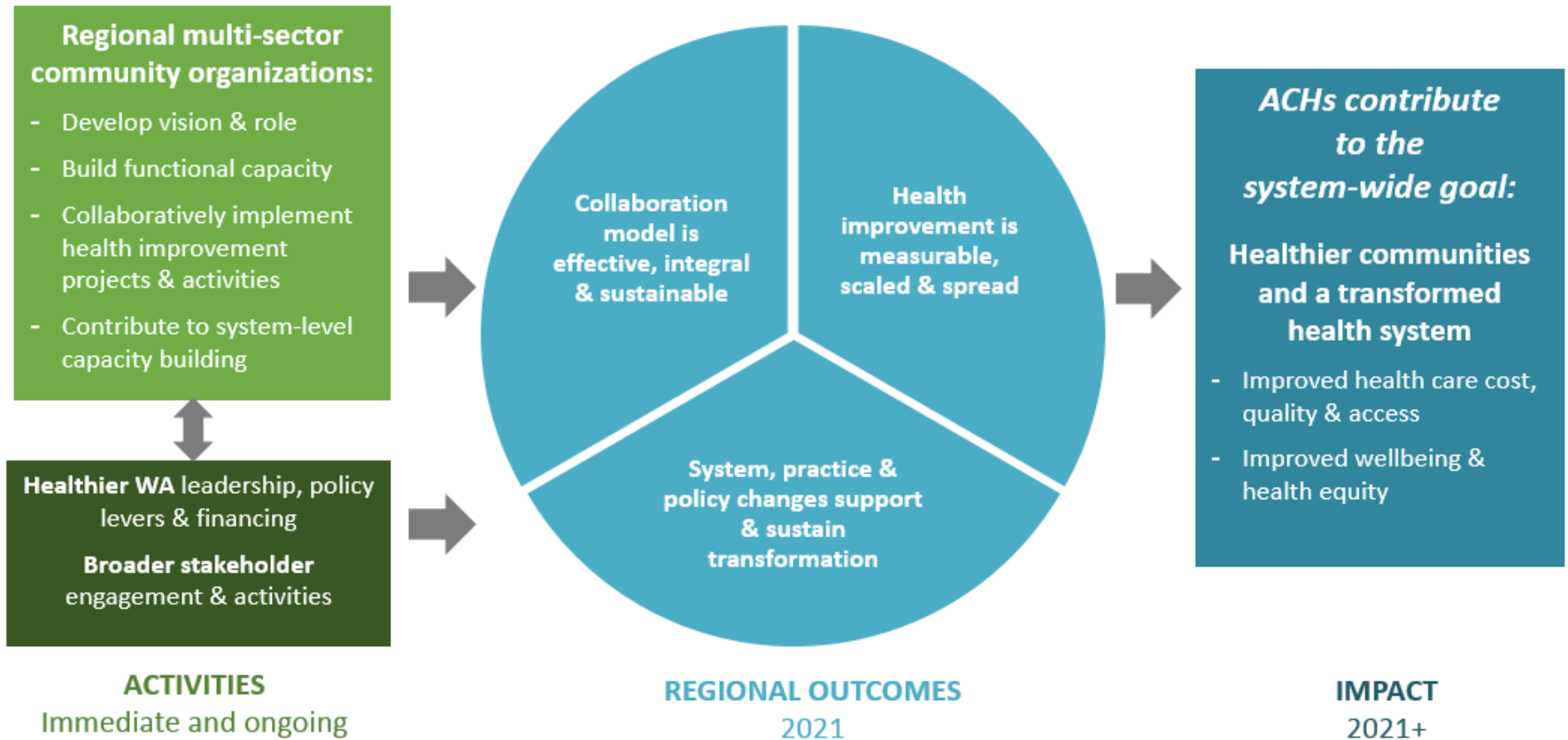
Regional coalitions with multi-sector representation working together to improve population health and transform the health system

## Delivery System Reform

State vision and federal funding emerges

- 2015-19: Limited State Innovation Model (SIM) funding - small health projects, social determinants of health (SDOH) focus
- 2017-22: Multi-millions in funding per region through a Medicaid waiver to transformation the health system

# ACH Theory of Change



# Evaluation Approach



# Center for Community Health and Evaluation



CCHE designs and evaluates health-related programs and initiatives throughout the United States.



**Our mission** is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation.

# Evaluation & Strategic Learning Approach

## Challenges in evaluating system change, multi-sector initiatives

- Designing evaluations that balance rigor/timeliness with flexibility/change
- Defining the complex set of players & processes
- Understanding progress of collaboration – key ingredient
- Measuring indicators that may not change in time frame
- Significant impact by external forces & conditions

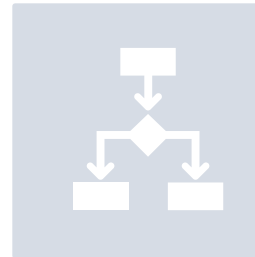


## Strategic learning benefits

- Stakeholders are part of interpretation in real time – interactive activities
- Increases ownership & likelihood that results are relevant & used
- Understand progress individually & as a cohort – not all about final outcomes
- Develops the trust and candor necessary to be “critical friends”
- Listens to, shows respect for, and bridges the power gap between multiple partners & communities

# SIM evaluation findings: ACH accomplishments

Built trust and collaboration



Established infrastructure & capacity for large-scale system change

Created a comprehensive, integrated approach to transformation



Incorporated community voice, equity & the SDOH

# ACHs built the essential elements needed for successful collaboration



# HCA update: 2019 progress to date



ACHs have been instrumental in supporting the transition to Integrated Managed Care across the state



The DSRIP Mid-point Assessment indicates projects are on track



In 2020, we're starting a more concerted effort with ACHs to define long-term functions and sustainability

# Lessons learned for other states



# Balance community- driven innovation & statewide approaches

- **Encourage community variation but design statewide solutions when appropriate**
  - Central role for ACHs in both SIM and MTP
  - Commitment for ACH development to be guided by regional needs
  - Tension point: Where are statewide clarity or approaches necessary?
- **Support mechanisms for cross-ACH collaboration**

# Transforming the system requires a different approach: partnership & innovation

- **Building an effective partnership requires a different way of working**
  - A shift from contracting and grant making
  - Focus on building trust and clear communication
- **Develop different agency capacities, skills, cultures and innovative approaches**
- **Align and coordinate efforts** across state agencies
- **Leverage the state's unique resources** to support the partnership goals, including appropriate access to data

Recognize the  
need for  
comfort with  
disruption  
and  
continuous  
improvement

- **Commit to continuous improvement**, including mechanism to respond to ACH feedback
- **Clearly identify and communicate the roles and end goals** when navigating a dynamic process
  - Understand when clarity and direction is needed in a multi-year initiative
  - Strive for candid conversations and consistent messaging to statewide stakeholders

## Carefully design key features of the model

- Thoughtfully select regional boundaries
- Recognize and build upon existing community capacity, partnerships and collaboration
- Consider the pros and cons of requiring ACHs to become independent organizations
- Understand that Tribes are sovereign Nations

Thank you!

Please feel free to reach out if you have any questions. For more information, see the final SIM evaluation report on the [Healthier Washington website](#).



Chase Napier, Medicaid Transformation Manager  
Washington Health Care Authority

*[Chase.Napier@hca.wa.org](mailto:Chase.Napier@hca.wa.org)*



Erin Hertel, Sr. Evaluation & Learning Consultant  
Center for Community Health and Evaluation

*[Erin.M.Hertel@kp.org](mailto:Erin.M.Hertel@kp.org)*

# Appendix A

## Evolution of SIM to MTP



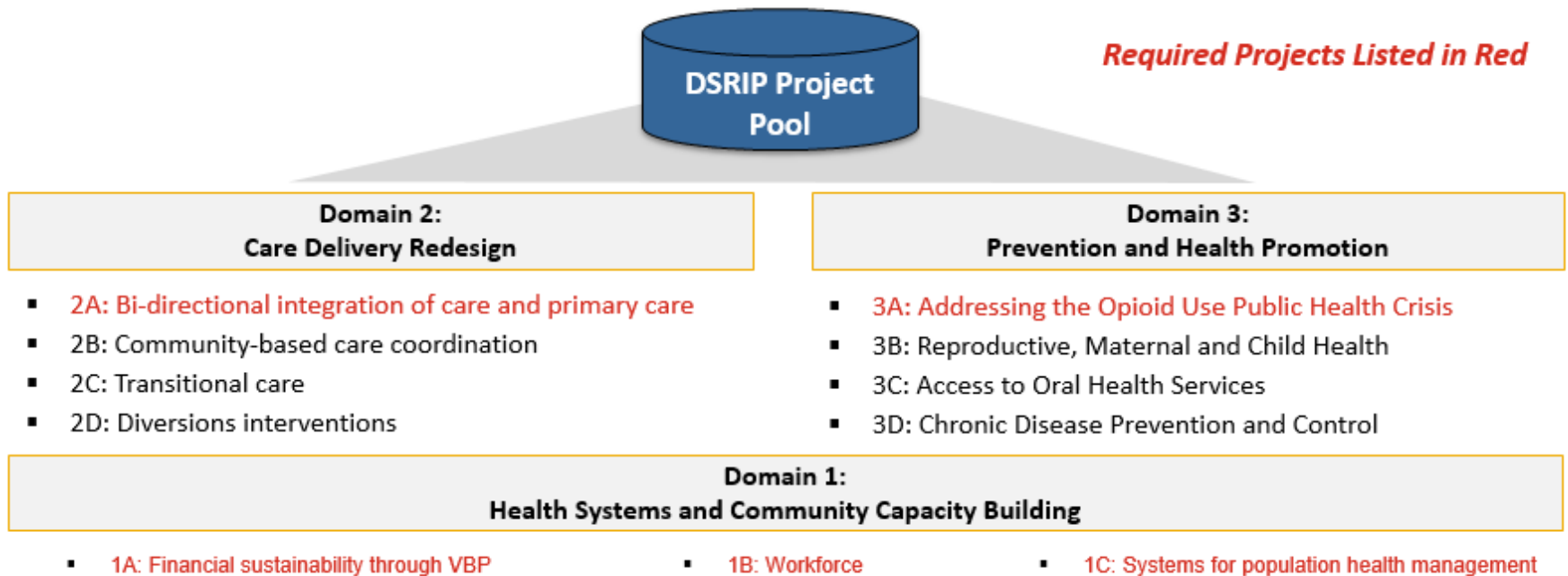
# Evolution from SIM to MTP

ACHs launched under SIM, and their scope and role expanded under MTP

	<b>SIM</b>	<b>MTP</b>
<b>Organizational structure</b>	No requirements regarding formal organizational type, other than having a designated backbone organization to serve as a fiscal agent.	Required to be an independent organization, including Board membership requirements. Seven ACHs are non-profits (501(c)3s) and two are LLCs housed within existing non-profits.
<b>Project focus</b>	Required to design and implement one health improvement project, either building on existing work or starting a new project. Topics could range from clinically-focused to social determinants of health.	Required to convene regionwide process to select, design, and implement at least 4 of 8 MTP projects, each with a detailed set of project design and reporting requirements, and clinically-focused metrics.
<b>Resources</b>	\$7.3 million in SIM funding allocated comparably across ACHs for collaboration and development; including \$50,000 for their selected project.	Total of up to \$1.1 billion in project funding, allocated across ACHs in proportion to the number of Medicaid members in the region.

# Initiative 1 Projects

DSRIP = Delivery System Reform Incentive Payments



# DSRIP Projects by ACH

Project	BHT	CPAA	GCACH	Healthier Here	NCACH	NS ACH	OCH	PCACH	SWACH
2A: Bi-directional Integration of Care	•	•	•	•	•	•	•	•	•
2B: Community-based Care Coordination	•	•			•	•		•	•
2C: Transitional Care		•	•	•	•	•			
2D: Diversions Interventions					•	•	•		
3A: Addressing Opioid Use	•	•	•	•	•	•	•	•	•
3B: Reproductive and Maternal and Child Health		•				•	•		
3C: Access to Oral Health Services						•	•		
3D: Chronic Disease Prevention and Control	•	•	•	•	•	•	•	•	•

# Comparison of statewide performance results: 2017-2018

DSRIP Pay for Performance metric	Statewide	Better Health Together	Cascade Pacific Action Alliance	Elevate Health	Healthier Here	Greater Columbia ACH	North Central ACH	North Sound ACH	Olympic Community of Health	Southwest ACH
All cause ED visits, 0-17 years	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	White	Shaded	White	Shaded
All cause ED visits, 18-64 years	Shaded	Shaded	Shaded	Shaded	Shaded	White	Shaded	Shaded	Shaded	Shaded
All cause ED visits, 65+ years	Shaded	White	Shaded	White	Shaded	Shaded	White	Shaded	Shaded	Shaded
Plan all-cause readmissions (30-days)	White	White	White	White	White	White	White	Shaded	Shaded	White
Mental health treatment penetration, 0-17 years	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Mental health treatment penetration, 18-64 years	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded
Substance use disorder treatment penetration, 12-17 years	White	White	White	White	Shaded	White	White	White	Shaded	Shaded
Substance use disorder treatment penetration, 18-64 years	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded	Shaded

**Legend:**

Table displays a subset of Pay for Performance metrics that ACHs are accountable for in 2019. Shaded cells indicate improvement during calendar year 2018, compared to calendar year 2017.

# Appendix B

## SIM Evaluation findings: ACH Accomplishments

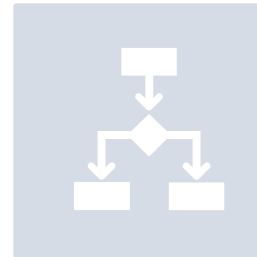


# SIM evaluation findings: ACH accomplishments

Built trust and collaboration



Established infrastructure & capacity for large-scale system change



Created a comprehensive, integrated approach to transformation



Incorporated community voice, equity & the SDOH



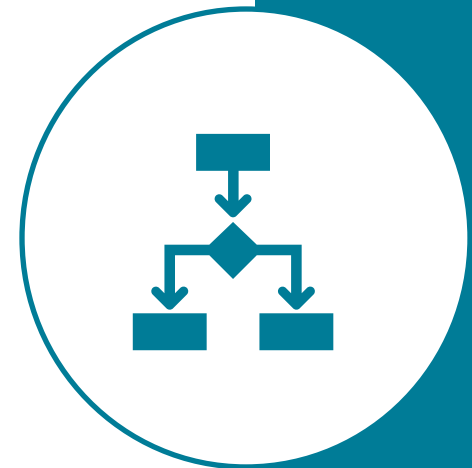
# Built trust and collaboration

- **SIM provided the time, policy direction, and resources** for ACHs to begin building the key elements of collaboration
- **ACHs enabled sectors that previously did not interact to come to the table**, put aside their individual organizational priorities, and make collective decisions about how to transform the system in an aligned way
- **ACHs have increased collaboration across organizations and sectors**, are helping to align resources and activities, and have begun to reduce duplication of efforts by forming linkages between organizations in their regions



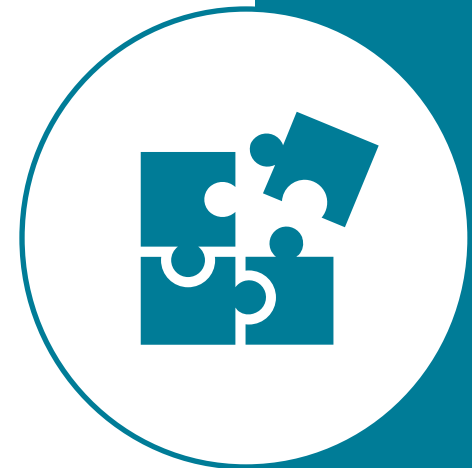
## Established infrastructure and capacity for large-scale system change

- **Developed the significant organizational capacity** and infrastructure necessary for MTP
- **Led a strategic, region-wide process** to identify needs, select MTP projects, allocate funds, determine key partnerships and design concrete action plans



# Created a comprehensive, integrated approach to health system transformation

- Early indications that ACHs have been **effective at creating a high degree of synergy** between activities through their region-wide strategic perspective
- ACHs are now poised to lead the implementation of the health system transformation projects, through a coordinated set of activities that will be carried out by regional partnering providers and organizations



# Incorporated community voice, equity, and the social determinants of health

- **Brought the community voice to the ACH table** through securing governing board representation, creating specific committees, developing subgroups that leverage grassroots representation
- **Built in a focus on health equity** through mechanisms like: utilizing equity tools in decision-making, providing trainings, bringing a focus on health disparities, designing activities that increase the awareness of equity within the region
- **Worked to maintain focus on social determinants of health.** Incorporated into organizational structure, activities and partners. Potential for upstream focus in resiliency / health and equity funds



# Appendix C

## Building collaborative organizations: Promising practices



# ACHs built the essential elements needed for successful collaboration





# Shared purpose: Creating common priorities for working together

## Promising practices

- Use a shared purpose development process that is collaborative, community-wide, and ongoing
- Develop a purpose with enough detail to be relevant to operations, priority-setting, and decision-making
- Refer back to the shared purpose regularly so that it can frame discussions, decisions and actions of staff and participants



# Essential people at the table: Building regional, multi-sector engagement

## Promising practices

- Clearly define the stakeholders (sectors and communities) to be formally represented on the board and/or committees
- Create a formal structure and process to facilitate participation of diverse people and organizations from all parts of the communities served
- Define responsibilities of being a sector representative that include eliciting feedback from others in the sector



# Effective leadership: Operationalizing the vision

## Promising practices

- Design the ED selection process to value experience in relevant experience, skills and relationships
- Choose an ED who can be both visionary and operationalize the work; uses a collaborative approach that brings people together; and has the skills needed to build relationships
- ED and board represent the ACH both in the community and at the state level to foster engagement, promote equity, and provide strategic leadership
- Systematically maintain institutional knowledge, trust, and relationships that can mitigate the potential impact of leadership changes within staff or board



# Adequate structure and support: Increasing capacity to accomplish large-scale change

## Promising practices

### Multi-tiered governance structure to promote broad representation

- Clearly distinguish between board decision-making role and staff responsibilities
- Institutionalize communication between levels of governance
- Tailor the additional tiers to the regional context
- Establish formal ways for community members and consumers to participate



# Adequate structure and support: Increasing capacity to accomplish large-scale change

## Promising practices

### Effective, transparent decision-making process, governance, and operations

- Design effective decision-making processes to support transparent recommendations and decisions
- Establish formal and living conflict of interest rules and discuss them frequently and openly
- Create mechanisms for community input
- Communicate key information effectively using a variety of approaches



# Active collaboration: Bringing all elements together

## Promising practices

- Develop processes that build trust & engage multiple voices
- Encourage the board to regularly reflect on its collaborative leadership and to facilitate engagement across the ACH
- Understand Tribes are sovereign nations and respectfully engage as priorities align
- Support community members in becoming actively engaged
- Facilitate Board's ability to collectively meet the needs of their region, instead of focusing solely on the needs of their own organization



# Taking action: Poised for system change

## Promising practices

- Focus on developing and implementing concrete action plans
- Efficiently include community input in project development, e.g. develop workgroups, conduct outreach
- Use pilot opportunities to test ideas
- Promote sustainability of system change efforts by identifying partners and resources to sustain effective projects
- Partner with state agencies to develop key measures and necessary data needed to identify gaps and chart progress
- Begin to set up health and social equity funds to impact broader community needs

Thank you!

Please feel free to reach out if you have any questions. For more information, see the final SIM evaluation report on the [Healthier Washington website](#).



Chase Napier, Medicaid Transformation Manager  
Washington Health Care Authority

*[Chase.Napier@hca.wa.org](mailto:Chase.Napier@hca.wa.org)*



Erin Hertel, Sr. Evaluation & Learning Consultant  
Center for Community Health and Evaluation

*[Erin.M.Hertel@kp.org](mailto:Erin.M.Hertel@kp.org)*