



Accountable Community of Health Alignment with SIM Round 2 Domains

Washington State presents a unique and innovative opportunity for CMMI to demonstrate that a community-based model can succeed by leveraging local strengths through ACHs to amplify the impact of the other proposed Healthier Washington models, interventions and programs highlighted within the FOA domains listed below:

Plan for Improving Population Health

Regional ACHs will be the primary vehicle to implement the Plan for Improving Population Health throughout the state, including the following strategies:

- Through SIM Round 2 funding, ACH grants will incorporate deliverables tied to the Plan for Improving Population Health, including specific accountability tied to measures that indicate the prevention and management of chronic disease, aligned interventions for substance abuse and mental health conditions, as well as promotion of healthy eating and active, tobacco-free living.
- Convening multiple sectors to implement common strategies and interventions set forth in the Plan for Improving Population Health.
- Investing in promising and evidence-based practices, evaluating the results, scaling and spreading effective models, and capturing savings for reinvestment and sustainability.
- Due to the cross-cutting nature of the Plan for Improving Population Health, ACHs play a central role in mobilizing the Plan in the proposed models, interventions and programs.

Health Care Delivery System Transformation

The Practice Transformation Support Hub will support providers across the state to effectively coordinate care, increase capacity and benefit from value-based reimbursement strategies, with an initial focus on physical and behavioral health integration. The ACHs will identify a liaison for the Hub responsible for regional learning, diffusion of information and coordination of technical assistance within the region. Benefits of ACH involvement include:

- Practice transformation support that is tailored to the community's needs by leveraging broad multi-sector ACH membership.
- Knowledgeable working relationships with local providers.
- Bidirectional dissemination of best and promising practices and lessons learned with the Practice Transformation Support Hub.

ACHs will develop strategies regarding the local health workforce, including:

- Assessment of workforce capacity, training needs, and deployment.
- Identify and facilitate a shared workforce resource, such as intensive case management, care coordination and/or community health workers.

Payment and Service Delivery Model



ACHs will lead health improvement at the community level by establishing and fostering intentional linkages between public health, health service delivery, and systems influencing the social determinants of health.

In all four model tests, payers and providers will be active participants in ACHs within their regional service areas. Payers, providers and ACHs will share incentives for improved population health and high-quality integrated delivery through each of the models. Value-based payment models will reflect the existing and emerging evidence in the field of practice and professional and scientific literature regarding innovation in global payment, bundled payment for episodes of care, and shared savings models.

Unique to Model Test 1, ACHs will play an essential role in forming the community and governmental partnerships to advance physical and behavioral health integration. To achieve this, ACHs will collaborate with the state on Medicaid purchasing decisions and will provide feedback on the performance of the delivery system in providing whole-person care.

Health Information Technology

The ACH structure will organize and facilitate health improvement strategies driven by analytics, interoperability and measurement. Specifically, ACHs will:

- Accelerate health information interoperability as a community standard.
- Identify and leverage data and mapping capabilities to inform and implement regional health improvement strategies.

Quality Measure Alignment

The passage of E2SHB 2572 requires the development of a statewide core measure set to inform health care purchasing and supports the work through an all-payer claims database that captures claims information from public and private sources. ACHs will:

- Use data and measure results consistently across the community to ensure efforts remain aligned and to drive accountability.
- Strategize how to reduce existing and future administrative burdens and duplication and streamline regional activities.
- Further the state's ability to incorporate, monitor and incentivize critical linkages between clinical systems, population health and community and social supports as the core measure set evolves.

Monitoring and Evaluation Plan

Evaluation and monitoring will comprise two components: 1) qualitative evaluation and monitoring and 2) quantitative evaluation. ACH will play an active role in the monitoring and evaluation plan by:

- Providing feedback in the qualitative evaluation process as a key partner in the Healthier Washington initiative.
- Holding itself (and the community) accountable for regional progress as informed by the monitoring and evaluation plan.
- Responding to the state's quantitative evaluation of metrics.



- Incorporating real-time monitoring, continuous learning, and rapid-cycle improvement within the work processes and governance of the ACH.
- Partnering with the risk-bearing entities to ensure complete and timely data for evaluation of utilization, cost, quality, and physical and behavioral health outcomes.

What is the relationship between ACHs and Risk-Bearing Entities?

As indicated in the illustration below, the relationship between ACHs and risk-bearing entities is as follows:

- The geographic area of an ACH will align with Regional Service Areas (RSA) for Medicaid purchasing and it is likely there will only be one ACH per RSA.
- Whether an RSA decides to be an early adopter (integrated purchasing in 2016) or a transition region (integrated purchasing by 2020), the ACH will be actively engaged in health improvement initiatives within the RSA and work in partnership with the risk bearing entity.
- ACHs will inform the state’s purchasing of Medicaid in their region, including strategies for incentivizing health plans based on regional needs and priorities.
- As ACHs progress they are expected to partner with HCA and with risk-bearing entities to improve health delivery systems. ACH influence will increase as the partnership with risk-bearing entities matures.

