



Transformation Project Toolkit Snapshot

Medicaid Transformation Demonstration – ACH Responsibilities

Accountable Communities of Health (ACH) and the transformation efforts they undertake are a key component of Washington’s Medicaid Transformation goals. Through Initiative 1 of the demonstration, communities will be provided with financial resources to improve health system performance for Medicaid beneficiaries at the local level. Each region through its ACH, will pursue projects aimed at transforming the Medicaid delivery system to serve the whole person and to use resources more wisely. Efforts will focus on improving population health and reducing disparities to achieve health equity across populations.

Domain 1: Health Systems and Community Capacity Building

Focused on system wide planning and capacity building to reinforce transformation projects.

Domain 2: Care Delivery Redesign

Required Project: Bi-Directional Integration of Care and Primary Care Transformation (Project 2A)

Domain 3: Prevention and Health Promotion

Required Project: Addressing the Opioid Use Public Health Crisis (Project 3A)

Summary

The ACHs through their partners and participating providers will implement at least 4 projects and all activities listed in Domain 1. Domain 1 activities are foundational and are to be tailored to support efforts in Domains 2 and 3. Specifications are listed below.

- ACHs will implement all activities in Domain 1;
- At least two Domain 2 projects (1 Required and 1 Optional) and;
- At least two Domain 3 projects. (1 Required and 1 Optional)

Projects within the toolkit are not a replacement for existing services provided under the Medicaid State Plan and cannot duplicate services provided through Initiative 2 and 3 of this demonstration.

Regional Health Needs Inventory (RHNI) – **REQUIRED**

1. The ACH will be required to complete a comprehensive RHNI. Essential components are included in Appendix II of the toolkit.
2. The ACH will use population health and health service capacity information to guide the selection, planning, targeting, and implementation of transformation activities.

Performance Measurement – **REQUIRED**

1. System-wide measures are to be monitored and reported at the state level and when possible at the ACH level.
2. Project-specific measures should be reported at the ACH and if possible the practice level.

Domain 1: Health and Community Systems Capacity Building - ALL REQUIRED

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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Financial Sustainability through Value Based Payment (VBP)</p> | <p>Regional Activities</p> <ol style="list-style-type: none"> 1. The ACH will help identify representation for statewide taskforce. 2. Inform providers of various VBP readiness tools and resources. 3. Connect providers to training and technical assistance. 4. Support initial survey/attestation assessments of VBP levels to help the taskforce substantiate reporting accuracy. 5. Develop a <u>Regional VBP Transition Plan</u> using recommendations from state taskforce. <ol style="list-style-type: none"> a. Identifies strategies to be implemented in the region to support attainment of statewide VBP targets. b. Defines a path toward VBP adoption c. Defines a plan for participation in VBP surveys 6. Implement strategies to support VBP transitions in alignment with Medicaid transformation activities. <ol style="list-style-type: none"> a. 2017 – 30% VBP @ regional level b. 2018 – 50% VBP @ regional level c. 2019 – 75% VBP @ regional level d. 2020 – 85% VBP @ regional level e. 2021 – 90% VBP @ regional level 7. Continue to engage in and contribute to the Statewide Transition Taskforce to include ongoing refinement of the VBP transition Plan as needed. 8. Achieve progress toward VBP adoption that is reflective of current state of readiness and the implementation strategies within the Transformation Project Toolkit (Domains 2 & 3) |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Workforce</p> | <p>Regional Activities</p> <ol style="list-style-type: none"> 1. The ACH will help identify representation for statewide taskforce. 2. Training of existing workforce. (utilizing the Practice Transformation Hub as appropriate) 3. Development and deployment efforts; and 4. Recruitment and retention incentives and efforts to address workforce shortages (e.g., family practitioners, behavioral health providers, community health workers, dentists, others). 5. Implement the Workforce Action plan. 6. Administer necessary resources to support all efforts. |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Systems for Population Health Management</p> | <p>Regional Activities</p> <ol style="list-style-type: none"> 1. ACHs will convene key providers and health system alliances to share information with the state on: <ol style="list-style-type: none"> a. Provider requirements to effectively access and use population health data necessary to advance VBP and new care models. b. Local health system stakeholder needs for population health, social service, and social determinants of health data. 2. ACHs will create Population Health Management Transformation Plans that: <ol style="list-style-type: none"> a. Define a path toward information exchange for community-based, integrated care. Transformation plans should be tailored based on regional providers’ current state of readiness and the implementation strategies selected with Domains 2 and 3. b. Responds to needs and gaps identified in the current infrastructure. |

Domain 2: Care Delivery Redesign

Bi-Directional Integration of Care and Primary Care Transformation **(Required)**

1. Patient Centered Medical Home, or
2. Collaborative Care Model,

Select at least one of the three approaches:

1. Off-site, Enhanced Collaboration,
2. Co-located, Enhanced Collaboration,
3. Co-located, Integrated

Community-Based Care Coordination *(Optional)*

1. Pathways Hub Model or similar model without certification

Transitional Care *(Optional)*

1. Interventions to Reduce Acute Care Transfers 4.0,
2. Transitional Care Model,
3. The Care Transitions Intervention, or
4. Care Transition in Mental Health

Diversion Interventions *(Optional)*

1. Emergency Department Diversion,
2. Community Paramedicine Model, or
3. Law Enforcement Assisted Diversion

Domain 3: Health Equity through Prevention and Health Promotion

Addressing the Opioid Use Public Health Crisis **(Required)**

Goals

1. Prevent opioid misuse and abuse by improving prescribing practices,
2. Expand access to opioid dependence treatment,
3. Intervene in opioid overdoses to prevent death, and
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

Recommended Approach:

1. *Clinical Guidelines*
 - a. AMDG Interagency Guideline on Prescribing Opioids for Pain
 - b. Substance Use during Pregnancy: Guidelines for Screening and Management
2. *Statewide Plans*
 - a. 2016 WA State Interagency Opioid Working Plan
 - b. Substance Abuse Prevention and Mental Health Promotion Plan

Maternal and Child Health *(Optional)*

1. Implementation of an evidence-based home visiting model for pregnant high-risk mothers.
 - a. Nurse Family Partnership,
 - b. Early Head Start Home-Based Model
2. Implementation of an evidence-based model or promising practice to improve regional well-child visit rates (for ages 3-6) and childhood immunization rates.
 - a. Bright Futures
3. Implementation of recommendations to improve Preconception Health and Health Care. In particular, ACHs could leverage the Family Planning Pathway to align with pathways.
 - a. Long Acting Reversible Contraception.

Domain 3: Health Equity through Prevention and Health Promotion - Continued

Access to Oral Health Services (Optional)

1. Oral Health in Primary Care, or
2. Mobile/Portable Dental Care

Health Equity through Chronic Disease Prevention and Control (Optional)

1. Chronic Care Model

Specific strategies to consider including within Chronic Care Model Approach:

1. The Community Guide
2. Million Hearts Campaign
3. Stanford Chronic Disease Self-Management Program
4. CDC-recognized National Diabetes Prevention Programs (NDPP)
5. Community Paramedicine Models

The draft [Medicaid Transformation Project Toolkit](#) is available for public comment from January 3, 2017 – February 2, 2017.