



# State Levers to Advance Accountable Communities for Health

## Washington State Profile

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## Overview

Washington State developed the Accountable Communities of Health (ACH) model in an effort to bring better health, higher quality care, and lower costs to communities across the state. The state recognizes that health improvement requires local collaboration between health system partners and other community organizations. This model aims to create a partnership between the state and community based, cross-sector coalitions that work to improve health within their respective regions. Primary support for Washington's

ACHs, a component of the state's Healthier Washington initiative, comes from the Washington State Healthcare Authority (HCA) in partnership with the Department of Health (DOH) and the Department of Social and Health Services (DSHS). Washington received a Round Two State Innovation Model (SIM) Model Test Award in December 2014, and is using this federal funding to launch Healthier Washington. There are nine ACHs in Washington, covering the entire state and aligning geographic boundaries with the state's Medicaid regional service areas. Beginning with the two pilot ACHs, Cascade Pacific Action Alliance and North Sound, all nine ACHs received designation between July 2015 and January 2016. Designation is a state benchmark indicating that the ACH has achieved multi-sector representation, launched community engagement activities, identified initial regional health needs, performed basic administrative and financial functions, and established an initial budget with a plan for continued funding.

## Governance

While there are general guidelines outlined in the state's funding criteria, ACHs in Washington are self-governed and partners are responsible for designing a governance structure that works best for that specific region. The HCA and the agency's evaluation partner, the Center for Community Health and Evaluation, provide formative feedback to guide ongoing development and adjustment. Across the nine ACHs, governing bodies range from 15-44 participants and vary in decision-making approaches including voting or group consensus. Additionally, depending on the geography and population of the ACH, some have additional groups or committees at the regional or local level that do not have decision-making power but provide input to the governing body. Each also relies on administrative support; these support organizations also vary

### Washington ACH Fast Facts

**Number of ACH demonstration sites:** 9

**Funding allocated to each ACH:**

2 Pilot ACHs: \$150,000

7 Design ACHs: \$100,000

9 ACHs Post-Designation: \$810,000 total

**Implementation Dates:**

July 2015 – February 2019

among the nine ACHs. The role of the support organization is filled by a local public health agency in four of the ACHs, a community-based organization in three, and a single non-profit organization that doubles as the ACH itself in the remaining two. In keeping with the ACHs' goal of multi-sector collaboration, all nine currently involve local public health, multiple health system partners including managed care organizations, and social services or human services organizations. Most ACHs also include education partners, either from school districts or college systems, and over half of the ACHs involve local businesses and local government representatives. Many ACHs are also working to engage tribes, tribal organizations, and consumer representatives, although many of these spaces have not yet been filled.

## Targeted Populations and Conditions

Each ACH is responsible for developing their initial regional health improvement projects, including one SIM project to advance the Triple Aim. Short-term impact will be assessed using project-specific measures and long-term impact will be assessed using the state's Common Measure Set. The ACHs are identifying regional health priorities that will guide the selection of these projects. Major themes across all nine include access to care; care coordination and care transitions; behavioral health integration; chronic disease prevention and management, specifically diabetes prevention and management; oral health access; and population health improvements such as housing linkages, food security, economic and educational opportunities, and health equity.

## Financing Model

The two pilot ACHs received \$150,000 set aside by the legislature in January 2015. The HCA awarded design funding of \$100,000 to the remaining seven ACHs through Washington SIM grant funding and all nine ACHs received an additional \$150,000 upon designation. For the remaining years of the SIM grant after designation, ACHs will receive a total of \$810,000 with some flexibility regarding spend-down toward sustainability. This funding is supplemented with grants and contributions from other private and public sector organizations. ACHs are currently working with the state to develop plans for financial sustainability that will rely on the value proposition of the ACH, including a model to support the reinvestment of savings that the ACHs are able to generate in their region.

## State Resources offered to ACHs

In addition to funding from the state's SIM grant, Washington is offering other resources to the nine ACHs to achieve their goals. As part of Healthier Washington, HCA and DSHS have submitted a five-year Medicaid Transformation Demonstration Waiver to the Center for Medicare and Medicaid Services (CMS). The first of the three initiatives included in this waiver aims to give ACHs the resources to pursue various delivery system transformation projects, and it is likely that such projects will align and aid the regional health improvement projects outlined by the ACHs. The state has also contracted with the Empire Health Foundation, supported by the Health Philanthropy Partnership, to provide technical assistance to ACHs; the current focus is sustainability planning and shared learning through quarterly convenings of the nine ACHs.

## Next Steps

Going forward, Washington's nine ACHs will be responsible for choosing and implementing their regional health improvement projects and participating in various health transformation activities through 2019 as other initiatives under Healthier Washington launch. HCA and ACHs will also work to sustain the health systems transformation that occurs, including financial sustainability of ACHs based on demonstrated value to their communities and the Healthier Washington initiative.