



Dorothy Teeter
Health Care Authority
Via email

Dear Director Teeter,

Thank you for your hard work in developing a powerful Medicaid Transformation Project Toolkit. It is exciting to see Accountable Communities of Health around the state readying for action. The following comments were generated from the governing board of the Better Health Together Accountable Community of Health region.

As we have prepared our region for the Transformation Demonstration projects, we are pleased to see a number of evidenced based practices incorporated into the Toolkit. During this demonstration period, we will be most successful if we can leverage existing efforts in the region and take them to scale. Additionally, we are committed to working collaboratively with our ACH colleagues across the state, and with partners to ensure that we align at a statewide level where it makes sense and customize for maximum local impact. At BHT, we appreciate the competitive spirit that is embedded in our health transformation. However, we do not want to see ACHs compete unnecessarily and potentially effect overall population health in our state. This is especially true with the porous borders in our Eastern Washington region as ACH boundaries do not match up with natural medical referral patterns, Community Action Organizations, Workforce Development Council, Aging and Long Term Care, and Behavioral Health Organizations service areas. It would be a disservice to our communities to pit one ACH against the other.

It will be critical that we develop strong synchronized statewide efforts especially as it relates to:

Financial Sustainability through Value-based Payment: One of the challenges facing health transformation is the shift in how we pay for health in our communities. This is a complex relationship between payers, providers and community organizations who will face new pressures to deliver critical services. We are concerned that 9 separate ACH regional plans will create unnecessary complication and not allow for sufficient coordination; we would appreciate additional clarity on how the regional plans will connect to the work of the statewide Value Based Payment Transition Taskforce. We expect leadership from the Health Care Authority to ensure we can move forward with a coordinated system that is appropriately aligned across the state.

Additionally, we continue to have questions around the commitment to a 2% reduction in Medicaid spending. We look forward to specific information about how this will be calculated



and measured. We see a potential for transformation efforts to concentrate in the highest population centers and leave behind our rural communities. It would be morally wrong for us to ignore the rural areas of our state who often face different challenges. This further emphasizes our desire to improve health across the state, not pit ACHs against each other.

Population Health Management: Over the past two years of our ACH development, we have consistently articulated the need for strong data systems to provide appropriate population level health data. We are delighted to see a more robust strategy for sharing, accessing and analyzing data. This is likely to be slow and clunky work as we develop cross sector systems to track outcomes. We expect this to be a high priority with local investment to match up with the ACH needs.

Community-based Care Coordination: We are pleased to see the Pathways Community Hub included in the Toolkit. Though BHT was an early adopter of the outcome-based Hub model for our ACH Regional Health Improvement project, we support the change of making this project optional. We applaud the requirement that regions who choose community-based care coordination projects must utilize the Pathways Community Hub as the *only* fundable Care Coordination option. We feel strongly that in order to maximize statewide efficiency, the Pathways Community Hub provides the required evidenced based practice infrastructure to ensure that we are creating the most effective system to breakdown silos between health care and social determinants of health efforts. We are especially excited about the potential for Pathways to be linked with other Demonstration projects; for example, one Pathway links an outcome to enrollment in a Patient Centered Medical Home, a preferred model for bi-direction integration.

Additionally, we support and advocate for the ability to develop regionalized efforts that can be scaled fast. The Better Health Together region has a long history of pilot projects, many of which align with the models noted in the Project Toolkit. However, we are interested in the regional flexibility to link projects for funding that may adapt existing models to local efforts already in place. As we contemplate how many simultaneous delivery system reform efforts our region can take to make the biggest impact, we will look for opportunities to leverage existing infrastructure (Pathways Community Hub) with key projects such as Opioid and Diabetes Chronic Disease Self-Management. We hope that the funds flow for Domain 2 and 3 projects will allow for creative linking of existing efforts to align with models referenced in the Toolkit to support the maximum outcome.

Bi-Directional Integration of Care: We are very supportive of efforts to accelerate both the payment and care delivery models that focus on whole person care. We believe great work has occurred in our region through our rural health systems, Federally Qualified Health Centers and payers to begin this work. BHT is ready to support the appropriate efforts to move this work forward.



Access to Oral Health Services: This continues to be a top priority for our region. The two models put forth do not address the access to care issues facing our region. We would like to see adaptations of the suggested model to address, or at least pilot, new reimbursement rates to build our network of Medicaid accepting dentists. For instance, an increased incentive payment for specific populations we might work with through the Medicaid demonstration efforts (pregnant moms, people with diabetes, etc).

Better Health Together is fully committed to partnering with the state, Tribes in our region and key players that will be necessary to dramatically improve the health of our region. We thank the HCA for their efforts to secure resources for the hard work ahead of us. This is no easy task and we stand ready to act.

Sincerely,

A handwritten signature in cursive script that reads "Alison Carl White".

Alison Carl White
Executive Director

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