FUNDERS FORUM
on Accountable Health

Cascade Pacific Action Alliance

Case Study

Central Western Washington
2018

THE FUNDERS FORUM ON ACCOUNTABLE HEALTH

The Funders Forum on Accountable Health is a collaborative at George Washington University's Milken Institute School of Public Health that works to advance accountable communities for health (ACH) models by promoting dialogue and catalyzing change among public and private funders of ACH efforts across the country.

The Forum is a common table for funders of ACH efforts to share ideas and experiences, explore potential collaborations, support common assessment approaches, and build a community of practice.

Visit our website at accountablehealth.gwu.edu to learn more!

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FUNDERS FORUM CASE STUDIES

The Funders Forum on Accountable Health conducted ten case studies of different accountable health models to better understand the key implementation challenges and opportunities they face.

Accountable Communities for Health (ACH) are community-based partnerships formed across sectors to focus on a shared vision and responsibility for the health of the community. They pursue an integrated approach to health that focuses not only on the clinical setting, but also on how the broader community can support health care's "Triple Aim"[1] of better care for individuals, better health for populations, and lower health care costs.

The Funders Forum interviewed leadership from ten ACH sites in order to better understand the various approaches to governance structure, portfolio of interventions, investments in technology, funding sustainability strategies, and anticipated short- and long-term outcomes of their ACH efforts.

The purpose of this report is to provide an in-depth overview of the Cascade Pacific Action Alliance in Central Western Washington. We wish to thank all the participants in this case study.

Reports on all ten case studies are available on our website at accountablehealth@gwu.edu.

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1. Berwick, D. M., T. W. Nolan, and J. Whittington. 2008. "The Triple Aim: Care, Health, and Cost." Health Affairs 27(3).

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What is the Cascade Pacific Action Alliance?

Cascade Pacific Action Alliance (CPAA), formally launched in spring 2014, is a voluntary group of community organizations seeking to have a collective impact on regional health improvement in seven[1] predominantly rural counties in western Washington State. In 2017, CPAA became one of 9 regional Accountable Communities of Health (ACH) in the state, after participating in a successful youth behavioral health care coordination ACH pilot.

CPAA includes participation from local hospitals, federally-qualified health centers, government public health and social service departments, behavioral health organizations, pre-k and k-12 education, agencies on aging, workforce development, criminal justice, health plans, elected officials, and local tribes, with CHOICE Regional Health Network (CHOICE) serving as the backbone, or administrative support organizing entity, for CPAA.

CPAA's work in collective impact embraces the idea that organizations with unique functions yet common priorities will have the greatest impact when identifying shared goals and aligning their actions, resources, and investments towards achieving those goals. For CPAA, those "meta" goals are closely aligned with the Triple Aim[2] and outlined by their own Regional Health Improvement Plan[3]:

1. Improve health equity and health outcomes, with a focus on the social determinants of health.
2. Keep residents healthy as long as possible through addressing all health needs, including a focus on prevention and early intervention.
3. Reduce per-capita health care costs while improving quality of care.

CPAA is oriented toward the idea that improving population health is a long-term effort that will extend for decades. Through leveraging funding streams from partners, philanthropy, and the Washington State Medicaid Transformation funding, CPAA demonstrates a broad commitment to improving population health while seeking to lower the cost of care for all residents living in their seven-county region.

Origins of CPAA

The origins of CPAA extend back several decades, beginning with a regional network of hospital leaders focused on improving community health in five counties in western Washington. The group quickly expanded to include community health centers, behavioral health organizations, primary care, and public health. The region had some successes with clinically-oriented interventions, but population health outside of a defined patient population was never tackled on a large scale. That being said, organizations in the region were slowly coming to the realization that the current health care delivery system was cost prohibitive and not achieving the best outcomes. With value-based purchasing on the horizon, health care systems and regional hospitals concluded that to achieve better health outcomes, additional players had to be invited to collaborate. Additionally, at the state-level, a new policy roadmap was created, identifying Accountable Communities of Health (ACHs) as the future vehicles to activate and align diverse community stakeholders and support health care delivery system transformation in the state. This regional awakening, in combination with state-level policy change, were huge drivers in building the table that would eventually become CPAA.

In 2014, CPAA officially formed and, in addition to expanding to seven counties, also brought in more social service organizations, criminal justice, workforce development, health plans, elected officials, and tribes. The group selected CHOICE, the non-profit that led the earlier regional health network, to serve as a neutral convener of the collective efforts, providing skilled facilitation and project management support. The Lewis

1. CPAA works to improve residents' health and wellbeing in the following counties: Cowlitz, Grays Harbor, Lewis Mason, Pacific, Thurston, and Wahkiakum.
2. Berwick, D. M., T. W. Nolan, and J. Whittington. 2008. "The Triple Aim: Care, Health, and Cost." Health Affairs 27(3). https://doi.org/10.1377/hlthaff.27.3.759
3. Cascade Pacific Action Alliance. 2017. Regional Health Improvement Plan – Compass. https://www.cpaawa.org/wp-content/uploads/2017/08/RHIP_Compass.pdf

County Public Health Department played an important role in getting social service organizations involved by bringing community partners with them to CPAA meetings and leveraging their credibility and the mutual trust they had developed through their long history of collaboration with social services sectors.

After six months of developing a governance structure and articulating the "meta" goals of the Alliance, CPAA sought feedback from the seven participating counties, health plans, and state partners on the greatest health-related needs and priorities in the region. Using this feedback, CPAA identified the following Shared Regional Health Priorities:

1. Improve Health Care Access,
2. Improve Care Coordination & Integration,
3. Prevent & Manage Chronic Disease,
4. Prevent and Mitigate Adverse Childhood Experiences (ACES),
5. Enhance Economic & Educational Opportunities.

Once the basic governing structure of CPAA was agreed upon, the group was ready to turn to action. At roughly the same time, the state announced they would be funding nine Accountable Communities of Health (ACHs) across the state, beginning with two pilots to demonstrate proof of concept. These ACHs would be designated to work across sectors to improve the health of the Medicaid population while containing costs. CPAA decided to pursue the opportunity and proposed a pilot project that would address most or all of CPAA's Shared Regional Health Priorities: a youth behavioral health care coordination pilot. The state selected CPAA as one of the two pilot ACHs, and CPAA launched the pilot in 2015.

> *"This is a long-term journey that we are on. This is not a four to five year effort. We're probably talking decades here to get to better health in our communities as we establish a culture of health and change behaviors."*
>
> Winfried Danke, Executive Director, CHOICE

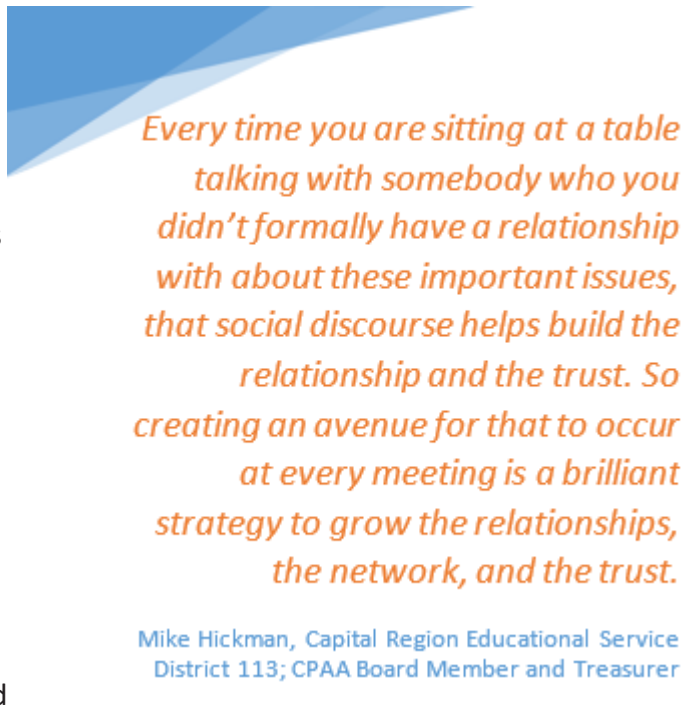
In 2017, the state received the CMS waiver that made it possible to use Medicaid funds to support the nine ACHs in Medicaid Transformation activities across the state. CPAA and the other eight ACHs received $6 million each to plan and support the implementation of the regional health improvement projects over the next five years. As of this writing, CPAA is in year 2 of the Medicaid Transformation effort. The region has the potential to receive $50 to $80 million in pay-for-performance incentives if they achieve their goals. Once the CMS contract ends in 2021, the state plans to build on this success to further expand value-based care. CPAA partners also have a long term view that extends past the current five-year funding stream and see this work as a 10-20 year journey.

Governance Structure

CPAA has a multi-level governance structure, with a backbone organization (CHOICE), Regional Coordinating Council, and Board. It is the duty of the backbone organization to "propose," the council to "review," and the board to "approve." The council is made up of 58 individuals representing organizations and beneficiaries, with representation from public health, social services (housing, food, transportation, etc.), behavioral health, medical care, health plans, elected officials, criminal justice, education, economic development, area agencies on aging, foundations, consumer/Medicaid beneficiaries, and tribes. As the backbone organization, CHOICE is responsible for: serving as CPAA's initial point of contact and outreach; organizing and coordinating shared learning opportunities; preparing and implementing communications plans; representing CPAA in meetings to support ACHs; assembling, preparing, and analyzing data; developing budgets, managing funds, and

fundraising; and supporting the CPAA Council in additional ways as necessary.[4]

In CPAA's planning stages, special attention was paid to ensure equity among partners. They developed several key foundational operating principles; first, inclusivity – any organizations that want to improve the health of the region are welcome to join CPAA, and second, complete consensus-based decision making – everyone in or everyone out. Secondly, in the spirit of fairness, CPAA also embraced equity in voting power; one organization, one vote. This ensures that regardless of the size of the partner, from smaller social service providers to large health systems, no one member's interests dominate another. This method also keeps partner organizations of all sizes engaged and enhanced trust among participating members. Members vote simply by displaying a thumbs up, down, or sideways in the middle. When members vote down on an activity or idea, they are given the opportunity to explain the reasons for their opposition and to suggest how their concerns might be addressed. Thumbs sideways indicate that while the member may have some reservations, they agree to support the consensus of the group.



A subset of the council, called the Support Team, provides additional support to CHOICE and the council through providing guidance and responding to urgent matters as they arise outside of the council meetings.

To be eligible to receive Medicaid Transformation funds, CPAA had to become a legal entity and decided to form a Limited Liability Corporation (LLC). During that process, they received guidance from the state to include tribal representation on the LLC Board. CPAA recognized that one voice would not be adequate to serve as the voice for many different tribes. To ameliorate this issue, CHOICE has hired a community and tribal liaison to visit tribes where they are and help ensure the voice from all tribes are represented in CPAA.

Participating organizations are making significant investments of time, staying engaged, sending representatives to monthly regional planning meetings, and providing access to high-level expertise on CPAA's various sub-committees. Regional council meetings always include a shared learning topic featuring a presentation from a local expert. Participants will then debrief during table talks to discuss implications.

Local community forums at the county level identify local health priorities, adopt shared regional priorities, and implement local action to align with the regional work. CHOICE staff attend local forums in addition to their work on the Regional Council. Additionally, CPAA convenes ad hoc project workgroups as needed to provide temporary assistance to the work of the council. Workgroups operate outside of the Support Team and Finance Committee, mostly working to create briefs for strategies related to the Medicaid Transformation projects and other working products as necessary. CPAA also convenes a Clinical Provider Advisory Committee and a Consumer Advisory Committee, seeking to balance the voices of health care providers and patients.

The wide geographic spread of the counties participating in CPAA creates potential for a varied range of needs in each individual community. CPAA's members generally seek out projects that are aligned with their identified goals, actionable, address a true need in the seven counties, have impact potential, and demonstrate

4. Cascade Pacific Action Alliance. 2016. Cascade Pacific Action Alliance (CPAA) Council Charter. http://crhn.org/pages/wp-content/uploads/2015/06/CPAA-Charter_201603.pdf

a clear role for CPAA. To ensure effective communication, partners have worked to develop common definitions and understandings of shared terms. For example, figuring out that a health system and a public health department think of the term "population health" differently was a breakthrough in how to discuss and engage each other on shared priorities.

Social Determinants of Health

Fundamental to CPAA's transformation approach is the recognition of the **need for collective impact** on addressing social determinants of health in order to move the needle on population health and health equity. Some of the strategies identified around social determinants of health include:

- Developing IT systems and protocols that enable sharing health and social service information between agencies in pursuit of more effective care coordination. CPAA believes it will pay large dividends if they can bridge health and social services and make it possible to share care plans across sectors.
- Mitigating adverse childhood experiences in recognition of the long-term negative health outcomes associated with family dysfunction, trauma, abuse, and neglect in the early years of life. CPAA ultimately wants to go upstream to prevention in addition to early intervention and sees schools as an important partner in these efforts.
- Enhancing economic and educational opportunities in the region to help those facing health challenges related to poverty or homelessness have pathways to economic success and independence.

A portion of the Medicaid Transformation funds will go into a Regional Wellness Fund to support services that are not necessarily Medicaid billable services. This will allow some of the non-clinical social determinant of health partners to receive compensation and help keep them at the CPAA table. CPAA leaders emphasize that the Medicaid Transformation initiative is not the only avenue for achieving the regional health improvement plan the community has outlined, but it is the main focus now as they stand up that effort. As soon as possible, the group would like to enhance activities around CPAA's "meta goals" related to prevention and early intervention. Though the Medicaid Transformation projects will be more clinically focused than some of the CPAA partners would prefer, the community recognizes that investing in the clinical transformation presents an important opportunity to achieve savings that can be used to support social determinants of health priorities.

Health Information Technology

CPAA leaders view health information technology (HIT) investments that allow partners to exchange information more easily as key to the Medicaid Transform's success. They are currently assessing partners' IT capabilities to understand what EHRs are used and their ability to connect to different systems. CPAA indicated that they want to be thoughtful about how to invest, as HIT can get very expensive and does not always live up to aspirations. CPAA is currently allocating approximately 30% of the Medicaid Transformation funding to what they refer to as "shared domain activity areas," which includes HIT and workforce training and development, as well as support for value-based purchasing. They are focused on identifying investment strategies with the greatest return on investment in recognition that the money will go really fast.

Interventions

CPAA's ACH pilot project, the Youth Behavioral Health Care Coordination project, was rolled out in a middle school in Cowlitz County. Selecting where to first initiate the pilot intervention was challenging. While CPAA is usually able to come to consensus on a relatively short timeline, they spent six months selecting the pilot site in Cowlitz County. Many factors were weighed in deciding the initial site, with lots of discussion centering on whether the intervention should be piloted in an area that is highly under-resourced with the largest need, or

in an area that is well-resourced, and therefore those resources could be more readily connected. Ultimately, CPAA decided that there must be some resources to connect for the intervention to work. Additionally, CPAA recognized that the area's school and clinical partners must be ready and able to take on the extra work of the intervention.

In the pilot, a part time school-based care coordinator (a registered nurse) conducts needs assessments for children with unmet behavioral health and social needs and refers students to behavioral health and social services resources. Since implementation of the pilot project, the school has seen reduced absenteeism, disciplinary issues, and improvements in math and reading scores for the children enrolled in the intervention. The pilot has since been rolled out in additional counties, schools, and age groups. Success in the pilot is seen as an early win that has helped to build momentum for CPAA.

Additionally, Washington State Department of Health reached out to CPAA in 2016, asking them to work on a project related to youth marijuana use prevention and education. Since the implementation of that project, CPAA's partners, including public health, community-based organizations, and clinicians have seen reductions in the use of marijuana amongst school-aged youth.

In 2017, CPAA began the next phase of the ACH.[5] Under Washington State's Medicaid Transformation Project, CPAA was required to select from among a list of eight project areas outlined by the state and submit their project plans. They selected six project areas that best align with the overall regional health improvement plan CPAA established when the Alliance originally formed. Project implementation will begin in 2019 and begin scaling up in 2020. As of writing this case study, CPAA is currently exploring proposals for interventions aligned with the project areas and activities described below.[6]

1. Bi-Directional Integration of Care & Primary Care Transformation: Move to an integrated system of care prioritizing whole-person health. Providers will use shared care plans, track treatment regimens in patient registries, use evidence-based screening tools, and receive reimbursement through value-based payment.
2. Community-Based Care Coordination: Improve care coordination between physical health, behavioral health, and social support systems by implementing Pathways Community HUB, an evidence-based model working to coordinate care for high-risk individuals.
3. Transitional Care: Improve care transitions among physical health, behavioral health, and social services systems by implementing evidence-based models to ensure community members receive the right care at the right place and time.
4. Addressing the Opioid Use Public Health Crisis: Decrease the number of opioid deaths through increasing access to treatment for opioid use disorders, enhancing provider knowledge of trauma-informed practices, and increasing access to naloxone.
5. Reproductive and Maternal/Child Health: Reduce adverse childhood experiences through expanding home visiting programs, primary care, and reproductive care, in addition to expanding provider knowledge of trauma-informed practices.
6. Chronic Disease Prevention and Control: Initiate interventions to address community needs (including those related to asthma, heart disease, and diabetes) and support infrastructure to address chronic disease, plus expand resources for community members to self-manage chronic conditions successfully.

To support the Medicaid Transformation projects, CPAA has identified capacity building priorities as follows:

- Invest in provider readiness to enable providers to enter into value-based contracts.

5. Healthier Washington. 2017. Washington Medicaid Transformation: Transformation through Accountable Communities of Health, 2017-2021. http://www.cpaawa.org/wp-content/uploads/2018/01/MTP-Timeline.FINAL-12.20-1.pdf

6. Cascade Pacific Action Alliance. 2017. Medicaid Transformation Project Plan Proposal. https://www.hca.wa.gov/assets/program/cpaa-project-plan.pdf

- Address workforce implications for the Transformation through connecting with state workforce resources and key stakeholders (such as managed care organizations, providers, and CPAA committees).
- Invest in interoperability solutions for existing data systems.[7]

Aligned with these capacity building priorities, CHOICE has doubled staff dedicated to work on the six Medicaid Transformation program areas and has already invested funds into new technology. Potential investments include telehealth, training and expanding number of community health workers, training providers in trauma-informed practices, cultural competency, tribal affairs, and health equity.

Undergirding all of these efforts is the need for effective communication and ability to exchange data. CPAA has recently launched an initiative to assess partners' use of electronic health records and connectivity between different electronic systems. CHOICE has also initiated a readiness assessment to test the ability of partners to engage in the Medicaid Transformation efforts and identify gaps or potential challenges to implementation as they arise.

Funding the Efforts

In the early years, CHOICE provided critical funding to support the regional collaborative planning process that ultimately led to CPAA forming, supplemented with funding from the Washington State Health Care Authority and managed care organizations. Community partners donated their time and expertise to the coalition by attending CPAA meetings and participating in subcommittees as needed. CHOICE also absorbed some of the early costs, lending their time and expertise, as well as covering legal costs involved with incorporation, in recognition of the potential opportunity to achieve the organization's mission of better health for everyone.

The Youth Behavioral Health Coordination pilot project in Cowlitz County is funded through 70% contribution from regional behavioral health organizations and 30% contribution from the school where the pilot took place. The bulk of the funding supports the part time care coordinator. Additionally, CPAA has previously provided some philanthropic dollars to help support the project, including evaluation costs, and the school receives some funds to cover part of their cost share. CPAA is hoping to expand their Youth Behavioral Health Coordination pilot and evaluate the outcomes associated with the project with the help of additional philanthropic funding.

In 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington's 1115 Delivery System Reform Incentive Payment (DSRIP) waiver, also referred to as the Medicaid Transformation waiver. The state was authorized to spend up to $1.12 billion in financial incentives for activities working to improve the health and decrease the costs for Medicaid beneficiaries. As part of this effort, in 2017 Washington awarded $54 million to nine Accountable Communities for Health ($6 million each) to support initial project planning and ongoing project support and administration over five years, plus the opportunity for the nine ACHs to collectively receive up to $847 million for project incentives between 2017 and 2021. It is the responsibility of the ACH, and in this case, CPAA, to determine which partners receive funds, when the funds will be distributed, and in what amounts.[8] CPAA wants to be very transparent about the funding and to have an objective rationale for the prioritization of project funds. At the time of this writing, CPAA was about to propose a funding allocation model to CPAA members for their input and feedback. Prior to receiving a portion of the Medicaid Transformation funding, CPAA had a staff budget of about $50,000 total.

CPAA is also working to develop a Regional Wellness Fund, or a pooled regional investment fund that would be used to make investments in interventions working to target the social determinants of health to support clinical health improvement. This Wellness Fund would direct some of the cost savings under the Medicaid

7. Cascade Pacific Action Alliance. 2017. Regional Health Improvement Plan – Compass. https://www.cpaawa.org/wp-content/uploads/2017/08/RHIP_Compass.pdf

8. Cascade Pacific Action Alliance. 2017. Regional Health Improvement Plan – Compass. https://www.cpaawa.org/wp-content/uploads/2017/08/RHIP_Compass.pdf

Transformation waiver back into the community and ensure that the social services sector is also benefitting from CPAA's Medicaid Transformation project. The Wellness Fund is in the planning stages, but it may also receive support from philanthropic contributions or hospital community benefit dollars.

Challenges

Obtaining buy-in from potential partners to expand the collaborative that started with the regional health network and evolved into CPAA was not always easy. Social service organizations were skeptical about joining at first, citing the clinical nature of Washington's Medicaid Transformation effort and fears of being dominated by larger health systems at the table. These fears were ameliorated in part through the drive to govern by consensus, though some skepticism on behalf of the social services sectors remains. That being said, those sectors also see the work with CPAA as a real opportunity to demonstrate their value to the community and make the case for better resourcing of their work.

> *We hope our ACH is more than just a Medicaid Transformation demonstration project. That's where a lot of our focus is, right now, for obvious reasons. But we want it to be more… That is sometimes hard to keep in mind when all you are able to focus on is getting projects planned and implemented and trying to reach measures and objectives for this funding stream at this point in time.*
>
> Danette York, Lewis County Public Health and Human Services, CPAA Board Member

Additionally, CPAA has found that while the Medicaid Transformation funds from the state are helpful, in a sense they are taking CPAA away from their "true north" of upstream, preventive, and comprehensive approaches to improve whole-person health. The receipt of Medicaid transformation funds are linked to the ability to show clinically-related improved health outcomes, only among Medicaid beneficiaries. The timeline for the Medicaid Transformation project is perceived as aggressive. CPAA is working at full capacity to get the ACH off the ground, which doesn't leave much room for recognizing the time and trust-building that goes into such a collaborative effort.

As the program grows and evolves, there is some strain on CPAA. CHOICE and other partners have invested a lot of time, much of it in-kind, participating in monthly meetings, developing infrastructure, traveling across the seven counties, and implementing the programs. This can lead to problems related to burn-out and turnover. In a program that is designed to take place over the course of decades, it is unrealistic not to anticipate some level of staff turnover. CPAA hopes to build in succession planning to ensure the sustainability of leaders in CPAA in the long term, rather than focusing merely on the financial sustainability of the Alliance.

CPAA is in the early stages of implementation. Much of the work that has been done around the future of the Medicaid Transformation project is conceptual. CPAA has experienced some challenges in communicating that conceptual work back to Medicaid beneficiaries, who may be more interested and focused on the service delivery aspects of the intervention.

Securing sustainable funding for the backbone functions remains a constant challenge, as many funders are perceived as being hesitant to support that kind of work. The backbone provides the framework for convening, documents meeting outcomes, and acts as a facilitator of complex multisector changes, and sometimes intense politically-charged conversations, all of which require specific skill sets and financial resources to implement well. While CHOICE is currently funded as the backbone organization for the next four years, they hope that in the future, the Wellness Fund will play a key role in ensuring the sustainability of the backbone and all of its functions, so long as it is seen as providing value by the CPAA Council and Board.

Lessons Learned

The Cascade Pacific Action Alliance is early in its efforts to undertake complete systems transformation in their communities to improve population health and health equity and reduce costs. That being said, they have learned some lessons along the way that may be of value to other communities seeking to undergo similar efforts.

- Relationship and trust building takes time, especially in communities that have historically been forced into a vulnerable position when it comes to health, equity, and economic development. Community engagement is most effective when you meet people where they are.
- We built on existing systems and infrastrucure to the greatest extent possible versus reinventing the wheel. The hospitals were already attuned to regional collaboration through their work with CHOICE. The public health department had a history of working with community organizations in their counties which provided almost ready-made local groupings of cross-sector partners that could be expanded to cover additional sectors.
- Create programs and implement projects that meet the needs of individuals using the services. An evidence-based program that makes financial sense will not necessarily be well-received by a community unless it is rooted in a community-identified need and priority.
- There has to be some concerted infrastructure investment in order to achieve social good. Without shared technology, backbone functions, and workforce investments, there is no clear pathway to better outcomes.
- Process matters. Be intentional about designing and practicing an inclusive and fair governance structure.
- Transparency and equity in voice (and votes) among partners has helped to get everyone, large and small, around the same table.
- Focusing on simple, early wins, such as being selected as one of the two ACH pilot sites, was key to gaining early momentum among partners – it validated everyone's belief that this collaborative could achieve something.
- Flexibility is key, and CPAA doesn't seek to be perfect. Rather, they recognize that they will constantly be adjusting these projects and processes as new information becomes available to them.

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