3B: Transformation Project Description: Reproductive and Maternal Child Health

Introduction- Why the Project is Needed

In the North Sound region in 2016, there were 5,981 births to women with Medicaid coverage. 62% of those women received prenatal care in their first trimester of pregnancy.[1] In Washington State, pregnant women who are at or below 185% of the Federal Poverty Level are eligible for Medicaid. Births from unintended pregnancy are more than twice as common among women on Medicaid (53%) than those not on Medicaid (23%). Unintended pregnancy is a significant risk factor for late prenatal care, low birth weight, prenatal exposure to drugs and alcohol, domestic violence, and disruption of progress towards educational goals and financial security. The estimated Medicaid costs for unintended pregnancies in Washington in 2010 was $220 million. The annual cost for contraceptive care to prevent these pregnancies would have been $335 per person — or a total cost of approximately $7 million.[2]

Nationally, for every $1 invested in publicly funded contraception and family planning services, just over $4 are saved in Medicaid costs the following year.[3] Long Acting Reversible Contraceptives (LARC) are the most effective contraceptive method to help women plan and space their pregnancies. In Washington State, providing 6,250 eligible women per year with LARC would decrease unintended pregnancies by 10% by 2020.[4] Reducing unintended pregnancy and increasing the proportion of pregnancies that are planned will have significant positive impacts on women and families, including positive maternal and infant health outcomes, lower household costs, higher financial stability, higher educational attainment for women, and increased employment opportunities – as well as reduced costs to the Medicaid system.

While reducing unintended pregnancies can have a significant impact on family well-being, families with young children are still in need of support so that as a region, we can promote childhood physical and mental health and reduce traumatic adverse childhood experiences. Across the North Sound region, economic challenges (e.g., living wage jobs, housing, childcare) as well as behavioral health challenges, substance use disorders, and domestic violence impacts a significant proportion of families with young children. Unmitigated family stress due to these issues has profound impacts on the health and development of young children, setting a poor foundation for health and well-being across the lifespan. Each county in the region has expressed interest in enhancing early identification and linkage of families to needed supports as early as possible in the prenatal through early childhood period. Regionally, low rates of well-child visits for children on Medicaid (61%) indicate missed opportunities to support families, provide anticipatory guidance and referrals, and ensure young children receive important prevention services (e.g., developmental and family risk screenings, and immunizations).

Alignment with Regional Priorities

This project area aligns with regional priorities as identified in the most recent Community Health Needs Assessments, Community Health Improvement Plans, and Community Health Assessments conducted by counties, hospital systems, and community-based organizations in our region - specifically around improving access to care for children and youth, reducing Adverse Childhood Experiences (ACEs) including preventing and addressing childhood physical abuse, increasing access to prenatal care, and increasing childhood immunization rates.

Target Population

[1] RHNI Starter Kit, HCA, released May 8, 2017
[2] https://www.doh.wa.gov/Portals/1/Documents/1500/MCH-UP2013.pdf
[3] https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-142-UnintendedPregnancyPrevention.pdf
[4] https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-142-UnintendedPregnancyPrevention.pdf

The target population for Reproductive and Maternal and Child Health strategies are Medicaid eligible and enrolled women of reproductive age (15-44 years of age) and their partners, Medicaid eligible and enrolled children (under 19 years of age) and their families.

As required during the 2018 planning period, North Sound ACH staff will conduct further statistical analysis and facilitate planning processes necessary for final target population selection due in June 2018. The North Sound ACH will work with implementation planning teams, Community Leadership Council and the Data and Learning Team to use the best available research, regional data, and community input to identify a final high-need target population, with consideration for how strategic investments can impact performance metrics during the Medicaid Transformation Project period.

Targeted Universalism[5] will be used throughout the planning phase as an approach and analysis framework for selecting target populations to ensure that health equity features strongly in this process. Targeted Universalism will be applied when measuring regional needs, identifying population segments experiencing health disparities, understanding root causes within population segments and selecting appropriately targeted strategies.

North Sound ACH staff will continue to collaborate with ACH's across the state and the Health Care Authority's AIM Team to identify shared data-driven processes and target population selection methodology. To maximize the reach and impact of the demonstration projects and increase the likelihood of region-wide success in moving the metrics, the North Sound ACH aims to align target populations across the project portfolio.

The North Sound ACH used a common format for each project area to summarize the anticipated reach of target population(s) and identify performance metrics and health disparities project strategies aim to impact, as follows below.

North Sound Project Area Reach & Impact **Project Area 3B: Reproductive and Maternal/Child Health**	
Potential Target Population Reach: • 43,207 women (15-44) with Medicaid coverage • 5981 women with Medicaid coverage gave birth in 2015 • 127,981 children (<19 years) with Medicaid coverage • 18,211 women with Medicaid coverage who were diagnosed with depression	
Project Area Impact:	

[5] Targeted Universalism is a different way—a powerful way—to make the transformational changes we need. Changes we need to improve life chances, promote inclusion, and enhance and sustain equitable policies and programs. Means setting universal goals that can be achieved through targeted approaches. Ultimately, this approach shows how a universal goal can be a good thing, but a one size fits all approach is not always the solution. John Powell, Haas Institute, 2017

Performance Measures • 12% of all children under the age of 2 have completed their required toddler immunization series. • 61% of children 3-6 with Medicaid coverage have had at least one well-child visit • North Sound rate for access to LARC in 8.2%, San Juan shows the lowest in the region at 5%.	**Geographic Disparities** • Skagit shows the highest rate of low birth weight outcomes, accounting for 6.6% of total Medicaid births. • Skagit (63%), Whatcom (62%) and Snohomish (61%) have the lowest rates of prenatal care for women with Medicaid. • Island (39%) and San Juan (40%) rates of Chlamydia screening for women with Medicaid are the lowest in the region. **Demographic Disparities** • 66% of the 27,596 Medicaid enrollees diagnosed with depression are women **Co-morbid Disparities** • Disabled women (18-24) are 3x less likely to be screened for chlamydia. • 61% of Medicaid enrollees with mental illness and one or more chronic conditions are women (24,696).
Data Sources: 1) RHNI Starter Kit, HCA, released May 8, 2017. 2) Measure Decomposition Data, RDA/DSHS, released July 7, 2017. 3) ACH Toolkit Historical Data, HCA, released August 17, 2017. 4) ACH Profiles: ESA Profiles Program Participants, RDA/DSHS, released September 22, 2017. 5) BH and Co-Occurring Disorders, RDA/DSHS, released October 10, 2017. 6) Chronic Disease Profiles (Island, San Juan, Skagit, Snohomish, Whatcom) WADOH, February 2015 7) Chronic Disease Profiles (North Sound) WADOH, April 2016.	

Project Goals

The main goals of the project are to reduce unintended pregnancy, increase healthy planned pregnancies, strengthen and support young families, and promote early childhood health and well-being, setting the foundation for good health across the life course.

Strategies

1. Increase capacity of physical health care and behavioral health care practices throughout the North Sound Region to reduce unintended pregnancy and support healthy planned pregnancies.

There are two strategies that will be used to increase the capacity of physical health care and behavioral health care practices to reduce intended pregnancies and support healthy planned pregnancies:

a) **Establish the systems and supports needed to integrate and evaluate One Key Question® pregnancy intention screening, counseling and support into physical health care practices and behavioral health settings, with a focus on settings serving low-income (at or below 185% FPL), 15-30 year women**. The One Key Question® screening asks patients "*Would you like to become pregnant in the next year*?" with optional responses including Yes, No, Unsure, and OK Either Way. This screening will help providers determine the level of contraceptive care appropriate for each patient and have a discussion about family planning. One Key Question® is an evidence-based strategy and considered a best practice for contraceptive counseling to improve utilization of effective reproductive health strategies, including pregnancy intention counseling, healthy behaviors and risk reduction, effective contraceptive use, safe and quality perinatal care, interconception care, and

general preventive care.[6] Providers in diverse settings (including physical health care providers, behavioral health care providers, specialty providers, case managers, social workers, and more) will be trained on this screening method and how to connect patients with access to contraceptive methods if desired.

b) **Link pregnancy intention screening and counseling with access to effective contraception, particularly Long-Acting Reversible Contraception (LARC), as well as preconception care, counseling, and risk reduction for those planning for pregnancy.** This is the critical next step to screenings like One Key Question®: once patients have identified that they do not want to become pregnant in the next year (or are unsure or OK either way), a discussion of effective contraception methods is essential. Providers will be trained in how to counsel patients on highly effective methods like LARC (including Intrauterine Devices, implants, or injections), as well as how to provide these methods to patients. Pregnancy intention counseling and LARC placement is also done with postpartum women to support healthy family planning and pregnancy spacing. The North Sound ACH's regional partners deem access to LARC and Postpartum Access to LARC as priorities to ensure that the North Sound ACH region is successful at reducing unintended pregnancies.

Key Partners for implementing these strategies include:

- Mt Baker Planned Parenthood
- Planned Parenthood of the Great Northwest and Hawaiian Islands
- Resilient Generation
- Health Care Providers including: Federally Qualified Health Centers, Tribal health centers, Family Practice providers, OB/Gyn providers, Nurse Midwives, Pediatricians, school based clinics, military bases, student health centers (colleges and universities), behavioral health settings, Substance Use Disorder treatment providers, and more
- Home visiting programs, care coordinators
- Intensive case management coordinators
- Needle exchanges
- State and federal programs like WIC, Maternal Support Services (MSS), Nurse Family Partnership, Early Head Start, Parents as Teachers
- Early intervention specialists
- Child Abuse Prevention specialists and organizations
- Community Action agencies (e.g., Opportunity Council, Skagit Community Action)
- Local Health Jurisdictions
- Teen pregnancy programs
- Community Service Office (TANF programs)
- WA Department of Children, Youth, and Families
- Domestic Violence support programs
- Hospital systems, including Emergency Departments
- Service providers to immigrant communities

Metrics

The strategies described above will have a positive impact on the pay-for-performance metrics described in the Toolkit for this project area. They are designed to increase access and utilization of contraceptive care (both moderate or most effective contraceptive methods, and postpartum access to contraceptive care), increase access and utilization of Chlamydia screening, and increase access and utilization of Prenatal Care.

Building on Existing Work

[6] http://healthystartepic.org/wp-content/uploads/2015/08/BS1OneKeyQuestionIntro2016.pdf

These strategies will build on existing work happening in our region, around the state, and nationally. The North Sound ACH Early Win Project was focused on increasing access to LARC in our region, conducting provider training, patient outreach, and an assessment that can be built on for implementing additional work on expanding access to highly effective contraceptive methods. This Early Win project was successful in conducting well-attended, well-received provider training, and the North Sound ACH will continue to build on the energy around this project. Implementation will braid funding from the Medicaid Transformation with financial support from Kaiser Permanente. We will also partner with several agencies focused on unintended pregnancy prevention and the promotion of healthy, intended pregnancies, such as Upstream USA, The National Campaign to Prevent Teen and Unplanned Pregnancy, The Bixby Center for Global and Reproductive Health, and the WA Department of Health Family Planning Program.

2. Increase capacity of physical health care practices in North Sound Region to support the health and development of young children and their families

The strategy used to increase capacity of physical health care practices to support the health and development of children and their families is the HealthySteps model implemented in targeted practices serving large numbers of pediatric patients covered by Medicaid. HealthySteps adds a child development professional (HealthySteps Specialist) to the practice, as an integral part of the physical health care team. The model supports implementation of *Bright Futures* recommendations (the evidence-based model listed in the Toolkit to promote well-child visits), supports early childhood behavioral health integration into pediatric physical health care, and includes opportunities to ensure identification of parental behavioral health concerns and support parental connections to family planning for healthy pregnancy spacing.

Key Partners for implementing the HealthySteps program include:

- Pediatric and Family Practice providers serving pediatric Medicaid patients
- Federally Qualified Health Centers and Tribal health centers
- Local Health Jurisdictions
- Regional early learning coalitions
- Whatcom Taking Action
- Service providers focused on immigrant communities

Metrics

These strategies will positively impact the following pay-for-performance metrics listed in the toolkit for this project area: increase Well-child Visits (15 months and 3-6 years); improve Childhood Immunization Status by increasing immunization rates; improve Mental Health Treatment Penetration (especially around maternal depression and early childhood behavioral health needs); improve Substance Use Disorder Treatment Penetration for women and children; and increase access to contraceptive care.

Building on Existing Work

These strategies will build on existing work happening in our region, around the state, and nationally. The HealthySteps model was recently implemented at Madigan Army Medical Center outside of Joint Base Lewis-McChord, providing an opportunity for regional knowledge transfer and identification of best practices. This project will also partner with and build on the work of the P-TCPi (Pediatric Transforming Clinical Practice Initiative) through the WA Department of Health and the Washington Chapter of the American Academy of Pediatrics, and the WA Department of Social and Health Services' Frontiers of Innovation Program and their *First 1,000 Days* initiative.

3. Ensure that vulnerable children and families are considered high-priority populations across all Medicaid Transformation Demonstration efforts, particularly behavioral health integration (behavioral health, substance use disorder) and care coordination efforts.

Given the strong evidence that adverse childhood experiences (ACEs) have a significant impact on adulthood behavioral health challenges, substance use disorder, chronic disease, and more, a key part of this project is to address the health of children before, during, and after pregnancy in all Medicaid Transformation Demonstration project areas. This will give the North Sound ACH's project portfolio a strong prevention and upstream focus. The strategy will focus on integrating pregnancy intention and family planning services, as well as considering the needs of pregnant women and children into the project areas of Bi-Directional Integration of Primary Care and Behavioral Health, Care Coordination (utilizing the Pathways Community Hub model), Care Transitions, Diversion, Addressing the Opioid Crisis, Oral Health, and Chronic Disease. Key partners in this work include, but are not limited to housing providers, transportation providers, community action agencies, DSHS Community Service Offices, Behavioral Health providers, Local Health Jurisdictions, and faith-based health ministries.

ACH Role & Supports to Partners

The North Sound ACH will improve health in the region by supporting clinical transformation and upstream interventions that promote healthy, intended pregnancies, positive birth outcomes, and child health in the Medicaid population. Primary care providers as well as specialty providers serving women, children and families (as well as community-based organizations) will implement the strategies selected for this project area, and the North Sound ACH's role will be to support them in doing so successfully and with maximum impact in the target populations (which will be finalized in 2018).

Examples of roles the ACH will play in supporting partners in this project area in the North Sound Region include:

- Working with partners to identify and address challenges in engaging the target populations;
- Acting as convener for regular cross-sector collaboration meetings during the planning and implementation phases;
- Working with leadership of partner organizations to:
    - increase protected time for trainings (including provider trainings around LARC and One Key Question, which the ACH would likely not lead, but can assist in connecting providers with trainers and potentially provide financial support)
    - identify opportunities for partners to see organizational budget savings based on improved efficiency
    - achieve buy-in to transformative change of front-line staff;
- Developing and brokering relationships between providers to expand the resources available to Medicaid enrollees;
- Collaborating with MCOs and delivery system leadership to develop funding mechanisms that solve reimbursement challenges;
- Demonstrating the financial value of these interventions to funders, health systems, and other stakeholders who can potentially provide additional, sustainable financial support;
- Considering the needs of the entire North Sound Region to ensure that strategies are implemented which promote access to services for Medicaid enrollees in rural and remote areas as well as urban areas;
- Sharing learnings from other ACH regions with planning partners when developing implementation plans.

Metrics
Integrating a focus on reproductive, maternal, and child health into all project areas will support this project area in positively impacting the pay-for-performance metrics listed in the toolkit, by increasing Mental Health Treatment Penetration for women and children, and increasing Substance Use Disorder Treatment Penetration for women and children. It will also help move metrics in other areas such as pediatric oral health treatment metrics and Percent Homeless for families with children.

Lasting Impacts
This strategy in particular will benefit the entire Medicaid population, not just women and children. By looking upstream at preventing adverse childhood experiences among low-income families, we can seek to reduce other factors that impact maternal child health, such as poor behavioral health outcomes, crime rates, and homelessness, as examples.

Health Equity
The North Sound ACH will use health equity as a lens for all our project areas. In order to be truly transformational and meet the needs of our community, disparities by race/ethnicity, socioeconomic status, geographic area, and other categories must be brought to the forefront. In the Reproductive, Maternal, and Child Health project area, strategies will be adapted when possible to each community to ensure that clinical and community interventions are both culturally appropriate and accessible (for example, hiring bilingual community health workers and clinic staff; hiring staff from the communities they will serve; requiring training on cultural humility, undoing institutional racism, implicit bias, and more).

3B: Partnering Providers
The organizations and stakeholders listed in the Partnering Providers Tab of the Supplemental Workbook represent partners who have been substantively engaged in the project planning workgroups to date or that we expect will be engaged in the planning phase in 2018. Some, but not necessarily all of these partners will eventually be entered into the financial executor portal to receive payment.

In the Reproductive and Maternal Child Health project area, a spirited and determined group of advocates from the public sector, community-based organizations and clinical providers have come together to advocate for this population across all elements of the Medicaid Transformation. Workgroup leads include representatives from Planned Parenthood and Whatcom County Public Health.

Upon news of a successful agreement for the Medicaid Transformation, the North Sound ACH began a process of moving from broader stakeholder engagement into targeting partnering providers based on those currently serving or interested in serving a greater proportion of the Medicaid population. This engagement began with the formation of eight workgroups in each of the Toolkit project areas. An open invitation was extended to any and all providers and stakeholders who saw an interest or retained a specialty in a certain project area and wished to engage. These included behavioral health and SUD providers, community-based organization, county governments, physical health care providers, health systems, Managed Care Organizations, and health departments. Two or more volunteer subject matter experts from the community were invited to serve alongside staff in a lead role for each workgroup. As more information on the Medicaid Transformation became available, the focus and process for workgroups evolved accordingly. An initial inquiry was made for workgroup members and coalitions to craft draft “Statements of Interest” highlighting their individual and organizational interest and ideas for project frameworks. Staff and workgroup leads then gathered these submissions and reflected back a compilation of content to produce the outlines of a regional approach in each area.

Workgroups further honed these ideas during dialogue at monthly face-to-face meetings with remote access capability. North Sound ACH staff encouraged workgroups to focus on guidance from the Project Toolkit, including indicated target populations and seeking strategies capable of incorporating participation from partnering providers across the region, while also aiming to move their respective pay-for-performance metrics. This dialogue on target populations, partnering providers already serving and committed to serve the Medicaid population, and effective strategies honed the focus of the workgroups onto Medicaid enrollees, including the subpopulations indicated by the toolkit and the partnering providers necessary to reach them. Due to the open and inclusive nature of stakeholder engagement in the workgroups, a broad spectrum of partnering providers are represented and remain a value for future engagement.

Concurrently, a coalition of health system physical health care providers agreed to become an advisory body to staff, wherein staff convene regular meetings, assist with agenda setting, scheduling, and note-taking. This Health System Advisory Coalition includes members from the largest hospital systems providing physical health care in the region, all the regional Federally Qualified Health Centers, a large independent physician practice and a smaller pediatric practice. Collectively, the group has self-reported coverage of over 205,000 Medicaid primary care assignees in the region. Staff are continuing with further outreach to other partnering providers, including those located in more rural settings and smaller in size. These efforts form the foundation of the strategy to ensure inclusion of those serving a significant majority of the Medicaid population.

The North Sound ACH recognizes the importance of Managed Care Organizations to the success of the Medicaid Transformation and efforts at systems transformation in our region. Managed Care Organization partners are engaged on the Board of Directors, the Program Council and represented in each of the workgroups, including serving as leads in the areas of Care Transitions and Chronic Disease. MCO partners have thus provided significant expertise and guidance to the project planning to date and will continue to do so throughout. In the case of Care Coordination, the North Sound ACH has participated in a series of meetings with MCO partners and representatives of the region's Health Home providers regarding coordination of these services in the development of the Pathways HUB. Through existing channels of governance and the workgroup format, the North Sound ACH will consult and leverage MCO expertise in project planning and eventual implementation, while simultaneously avoiding duplication.

3B: Regional Assets, Anticipated Challenges and Proposed Solutions

Assets

The foundation of the regional assets that will support this project is the collaborative nature of the diverse partners working to improve health in the North Sound region. Since the inception of the ACH, organizations that have traditionally competed with each other have come together to collaboratively plan the transformation of our regional health system. Strategies in this project area will build on the many assets in our region, including strong commitments from diverse partners to reduce unintended pregnancies, support healthy pregnancies, reduce adverse childhood experiences, and support health throughout the life cycle. Key assets are outlined below.

Existing Work to Build Upon

The success of the North Sound ACH's Long Acting Reversible Contraception (LARC) Early Win project (2016-2017) is a strong asset for this project area. The North Sound ACH LARC Early Win project included conducting provider trainings around LARC counseling and insertion, and patient outreach and education. Significant work has already been done to connect with regional partners and identify resources needed to successfully expand on this project. The North Sound ACH is currently conducting an evaluation of the Early Win project, and results from this evaluation will leveraged for implementing additional work as part of the Transformation Project. This Early Win project was successful in conducting well-attended, well-received provider trainings. Kaiser Permanente provided significant support for the LARC Early Win project, and has

committed to providing additional financial support into 2018. The North Sound ACH will leverage additional financial and in-kind support from several agencies focused on unintended pregnancy prevention and the promotion of healthy, intended pregnancies, such as Upstream USA, The National Campaign to Prevent Teen and Unplanned Pregnancy, The Bixby Center for Global and Reproductive Health, and the WA Department of Health Family Planning Program, all of which are offer training to providers.

The Washington Department of Health and Washington Chapter of the American Academy of Pediatrics' Pediatric Transforming Clinical Practice Initiative (P-TCPI) is currently working with clinicians around the state to ensure that practices are able to support early childhood whole-person health and provide coordinated, family-centered, high-quality (and cost-effective) care for children. Additionally, Washington's participation in the national Frontiers of Innovation (FOI) initiative is a significant asset to this work-- FOI and its First 1,000 Days project is a collaboration between the Center on the Developing Child at Harvard University and five Washington State agencies (Department of Social and Health Services (DSHS); Department of Early Learning (DEL); Health Care Authority (HCA); Department of Health (DOH); and The Office of the Superintendent of Public Instruction (OSPI), and aims to implement science-based program, practice, policy, and system changes to improve outcomes for vulnerable young children and families. Finally, we can look to the recent implementation of the HealthySteps model at Madigan Army Medical Center outside of Joint Base Lewis-McChord as an opportunity for regional knowledge transfer and identification of best practices, which will be critical as the North Sound ACH works to implement this model in our region.

Lessons learned from these projects will guide the planning and implementation phases for the Reproductive, Maternal & Child Health project area.

Maternal and Child Health as a Regional Priority

This project area aligns with regional priorities as identified in the most recent Community Health Needs Assessments, Community Health Improvement Plans, and Community Health Assessments conducted by counties, hospital systems, and Community Based Organizations in our region - specifically around improving access to care for children and youth, reducing adverse childhood experiences (ACEs) including preventing and addressing childhood physical abuse, increasing access to prenatal care, and increasing childhood immunization rates. The North Sound region has a strong network of diverse partners that will work together to support improving health outcomes for infants and children. This support includes both dedicating staff time, expertise, resources, and funding toward standing up and sustaining programs that align with the priorities described above.

Additional assets in our region include (but are not limited to):

Clinical Service Delivery and Expertise

North Sound has dedicated reproductive health, pediatric, Family Practice providers, and other providers ready to work in this area, including:

- Family Planning clinics (Planned Parenthood of the Great Northwest and Hawaiian Islands affiliated clinics)
- Federally Qualified Health Centers (Sea Mar, Unity Care NW, Community Health Center of Snohomish County, etc.)
- Tribal health centers
- Family Practice providers
- OB/Gyn practices
- Nurse Midwives
- Pediatricians and pediatric practices (such as Skagit Pediatrics)
- School based health (school nurses, and school based health centers under development)

- Military medical services (U.S. Naval Air Station Whidbey Island)
- Student health centers (colleges and universities)
- Behavioral Health providers (North Sound BHO, Compass Health, Sunrise Services, etc.)
- Hospital systems (such as PeaceHealth, Skagit Regional, Providence, Island Hospital, etc.)
- Emergency Departments
- Managed Care Organizations
- Clinical Transformation support (Pediatric Transforming Clinical Practice Initiative (P-TCPI), etc.)

Nonclinical Service Delivery and Expertise

In the North Sound region there are many nonclinical, government or community-based organizations focused on supporting reproductive, maternal, and child health, such as:

- State and federal programs (WIC, Maternal Support Services (MSS), Nurse Family Partnership, Early Head Start, Head Start, Healthy Start, Parents as Teachers, TANF, etc.)
- Early intervention specialists
- Child Abuse prevention specialists and organizations (Brigid Collins Family Support Center, Dawson Place Child Advocacy Center, etc.)
- Community Action Agencies (e.g., Opportunity Council, Skagit Community Action, etc.)
- Local Health Jurisdictions
- Graduation Reality and Dual Role Skills (GRADS) program (Snohomish and Whatcom County)
- Domestic Violence support programs (DVSAS)
- Early Learning organizations (Whatcom Center for Early Learning, YMCAs, Northwest Educational Service District, NW Early Learning coalition, etc.)
- Housing and social service providers for families and youth (Lydia Place, Northwest Youth Services, Cocoon House, YWCA, Catholic Community Services, Lutheran Community Services, etc.)
- Reproductive Health advocates (Planned Parenthood Action Fund, etc.)

Workforce and Human Capital Assets

While there is opportunity for workforce expansion in this area (especially around pediatric behavioral health care providers), there is a robust existing clinical, and nonclinical workforce across the North Sound region, including:

- OB/Gyns
- Family Practice providers
- ARNPs
- Pediatricians
- Nurses
- PAs
- Home-visiting Nurses
- Community Health Workers
- Social Workers and Case Managers
- Public Health professionals
- Regional Experts on LARC, ACEs, early childhood health, etc.
- Reproductive Health advocates

Financial Resources

The North Sound ACH intends to establish a braided funding model to support strategies to address reproductive, maternal and child health in the North Sound ACH region, supplemented by Medicaid Transformation project funding and including the following sources:

- Managed Care Organizations
- Philanthropic support from "angel investors"

- Kaiser Permanente (LARC project)
- Upstream USA, The Bixby Center at UCSF (in-kind support)
- Potential city, county, state, and federal funding

CHALLENGES AND STRATEGIES TO OVERCOME THEM

Below are several of the challenges inherent in these strategies and an early assessment of ways to mitigate issues arising. All of these will depend on continuous performance monitoring and application of quality improvement techniques to resolve problems.

Anticipated Challenges	Proposed Solutions
Project has difficulty meeting performance metric targets	• The ACH will engage implementation planning teams in embedding tracking mechanisms in their implementation plans, including surveys, regular automated or manual reports of metrics, and other means for tracking success. Quality Improvement Plans will be integrated into the implementation strategy using rapid-cycle process improvement strategies to identify points of failure and improvement early for quick response. Quality Improvement teams will also convene, based either in the implementation planning teams or the data and learning team, to regularly review metrics and assess areas of change or improvement. • The ACH Data and Learning team will support the strategy through the development of a suite of monitoring and evaluation measures that provide an ongoing, actionable dashboard for project progress. Included in this will be ongoing survey-based assessments of training effectiveness and project implementation to partnering providers, regular review of clinical quality measures aligned with toolkit pay for performance measures, HCA reports on performance measure benchmarks, and other heuristic metrics for assessing project implementation success. Clinical quality measures will be pulled for tracking and quality improvement purposes, based on reports from partnering organizations or third-party data aggregators such as CMT's PreManage platform or cloud-based registries. • Modifications to project plans will occur after the data and learning teams or implementation planning teams identify and report gaps or areas of improvement to the Program Council. ACH staff and members of the Program Council will deliberate on potential changes to improve project performance and determine whether a program can be adapted or

	needs to be discontinued. Managed Care Organizations could be engaged in this component, to assist ACH staff and partners in workflow redesign and lean process improvement activities. • The ACH will identify potential sources of outside technical assistance to support this process, including Qualis Health, Providence CORE, Kaiser Permanente Washington Health Research Institute, the Northwest Center for Public Health Practice, and Managed Care Organizations. • Work with project partners to identify and understand barriers or limitations that contribute to the inability to meet these metrics • Actively engage with partner providers to support additional training (with financial support) to adopt new practices (i.e. One Key Question, HealthySteps) • Outreach to other ACHs, as well as state and national experts, to learn successful strategies to address performance issues
Geographic barriers, resulting in limited capacity in more remote/rural areas and transportation barriers for Medicaid enrollees in these areas.	• The North Sound ACH will prioritize flexibility when developing implementation plans, and ensure that mobile services (such as mobile dentistry, mobile needle exchange/substance use disorder treatment, etc.), telehealth, and home visiting services are possibilities for populations in particularly rural or remote areas (such as the San Juan Islands or east Whatcom, Skagit, and Snohomish counties). • Allocate ACH resources to improve access to, use of, and reimbursement for Medicaid Transport services. • Utilize monitoring and continuous improvement processes to quickly identify when geographic barriers are impacting access to services.
Lack of affordable, available housing in the North Sound region resulting in inability of Medicaid enrollees to pursue preventive care; unstable housing limits improvement in health outcomes (especially for children and families)	• Outreach to other ACHs, as well as state and national experts on reducing homelessness, to learn successful strategies to address performance issues • Consider investing ACH resources (including staff time) in more upstream efforts to reduce homelessness rates (investing in housing, advocacy at the city, county, and state levels, etc.)
Challenges with reimbursement for services by Apple Health (services not covered/reimbursement rate is insufficient/lack of provider understanding around billing procedures)	• Exploring sustainability with the local Managed Care Organizations will be needed to continue integrated services. • Work together with the HCA to increase the number of covered services that will support movement of

	performance metrics, including community-based services and prevention services • Work together with the HCA to ensure that reimbursement rates for services are sufficient for providers to cover their costs and continue to provide services for Medicaid patients. • Leveraging expertise from the UW-AIMS center and cross sector workgroup support can provide information on proper billing and coding.
Challenges identifying long-term funding outside the Medicaid Transformation	• Utilizing monitoring and continuous improvement processes, regularly evaluate project performance to be able to clearly communicate project impact to potential outside funders, as well as demonstrate a commitment to effectiveness. • Collaborate with MCOs to identify opportunities that align long-term objectives and achieve total cost of care savings in line with needed investments • Dedicate ACH resources to Identify additional funding sources, including in-kind support, local community development foundations, philanthropic foundations, other state and federal programs and "angel investors". • Partner with other ACHs to achieve economies of scale • Facilitate site visits for stakeholders and decision makers with ability to provide needed funds, so that the value of the models can be experienced first-hand. • Perform cost effectiveness calculations that demonstrate short and long-term savings for care settings due to transitional care planning. • Advocate for city, county, state, and federal-level allocation of funds to promote access to reproductive health care services, as well as maternal and child health services • Work together with the HCA to increase the number of covered services that will support movement of performance metrics, including community-based services
Community stigma and or political issues around sexual and reproductive health (e.g., religious opposition to contraception and abortion care, concerns about historical reproductive coercion in communities of color) limit progress of project strategies	• Adoption of a life course perspective at the North Sound ACH leadership level, recognizing and prioritizing investments in critical periods of development (i.e., prenatal, early childhood, pre-conception) • Implement strong communication strategies with health systems (particularly faith-based health care systems and community organizations)

	demonstrating the evidence base for LARC/highly effective contraceptive methods • Early engagement and dialogue with community members including communities of color around concerns about historic reproductive coercion to ensure that these concerns are addressed and project strategies are culturally appropriate and are not reinforcing institutional racism
Limited partner capacity (for training, implementing new programs, willingness to take on new projects)	• Design distribution of project incentive funds to incent partner participation based on specific activities, adoption, and accomplishments; revise distribution as needed throughout the duration of the project to support ongoing partner engagement • Coordinate with front-line staff to address barriers and correct the project implementation plan as needed • Engage partnering providers in leading the project design and implementation as a way to activate their participation • Subsidize training fees for partners, and/or reimburse providers for lost revenue due to clinic shut down for training. • Work with clinical providers to revise internal work flow to eliminate steps causing excessive strain on workflows • Provide technical assistance from the ACH and other external partners

3B: Monitoring and Continuous Improvement

Summary

The North Sound ACH will implement a monitoring and continuous improvement plan, which will include quality improvement processes, that leverages existing infrastructure, such as internal clinical quality improvement (QI) teams at partner organizations, regional experts in QI, clinical quality measure dashboards, and health information exchange data, as well as identifying gaps in information and explore opportunities for data collection systems with multiple ACH's. The identification and use of measures for monitoring and continuous improvement will emphasize pragmatic, real-time measurement data sources that track progress through automated systems without requiring a heavy burden of manual measurement and tracking. Methodologies used will include embedded evaluation tools and continuous quality improvement techniques such as logic models, key driver diagrams, Plan-Do-Study-Act (PDSA) cycles, and run charts to track project success and address any gaps or areas of improvement. The North Sound ACH staff and the ACH Data and Learning team will supply the implementation planning teams for each project area with QI plan measure dashboards on an ongoing basis in order to determine success of evidence-based approaches. When projects or approaches are identified as in need of improvement or modification by stakeholders through a deliberative process, ACH will consult with Program council and implementation planning teams to provide assistance and explore solutions before engaging with the Health Care Authority (HCA) engage in a project plan modification.

Information Management & Data Sources

The North Sound ACH will implement a monitoring and continuous improvement plan, which will include quality improvement processes, that leverages existing infrastructure, such as internal clinical quality improvement (QI) teams at partner organizations, regional experts in QI, clinical quality measure dashboards, and health information exchange data, as well as identifying gaps in information and explore opportunities for data collection systems with multiple ACH's. The identification and use of measures for monitoring and continuous improvement will emphasize pragmatic, real-time measurement data sources that track progress through automated systems without requiring a heavy burden of manual measurement and tracking. Methodologies used will include embedded evaluation tools and continuous quality improvement techniques such as logic models, key driver diagrams, Plan-Do-Study-Act (PDSA) cycles, and run charts to track project success and address any gaps or areas of improvement. The North Sound ACH staff and the ACH Data and Learning team will supply the implementation planning teams for each project area with QI plan measure dashboards on an ongoing basis in order to determine success of evidence-based approaches. When projects or approaches are identified as in need of improvement or modification by stakeholders through a deliberative process, ACH will consult with Program council and implementation planning teams to provide assistance and explore solutions before engaging with the Health Care Authority (HCA) engage in a project plan modification.

Information Management & Data Sources

Tracking measures for monitoring and continuous improvement will include data from ongoing survey-based assessments of training effectiveness and implementation milestones to partnering providers, regular review of clinical quality measures aligned with toolkit pay-for-performance measures, HCA reports on performance measure benchmarks, and other proxy metrics for assessing implementation success. While some measures will require manual tracking, such as training enrollment forms, tally sheets for workflow revisions, and manual chart review, special consideration will be given to measures that can provide real-time, automated tracking of progress that have a low-impact on partner organizations' staff time.

Project Managers will serve as liaisons and primary contacts with implementation partners, ensuring that monitoring and continuous improvement measures are submitted or collected on a monthly or quarterly basis for review by the data and learning team. As stated in Section I, Sub-section Governance, Project Managers will be assigned specific projects and groups of providers to monitor. Functions performed by Project Managers will include site visits, meetings with providers to identify successes and challenges, and periodic surveys to measure progress toward contractual goals.

The North Sound ACH will collaborate with partners to identify and capture clinical quality measures and related proxy measures for tracking and quality improvement purposes, based on automated or custom-built reports from partnering organizations or third-party data aggregators such as CMT's PreManage platform, syndromic surveillance systems, or cloud-based registries. Because these measures use data directly managed from HIT systems they provide a nearly real-time (within 24 hours) view of performance, the ACH Data and Learning team will be able to quickly identify and respond to delays in implementation or gaps in performance. This is an area where the North Sound ACH will explore partnerships with other ACHs to combine resources and develop shared reporting and data analytic systems. A full inventory of available data sources for monitoring of implementation progress will be developed as part of the ACH current state assessment process. Selection of measures within these data sources will be informed by the planning processes among the Implementation Teams and the North Sound ACH Current State Assessment.

As illustrated in Figure 1, the North Sound ACH will monitor two primary signal paths for indications of performance gaps: (a) regular monitoring of state and local metrics by the data and learning team and (b)

regular monitoring of community feedback and indicators by the Project Managers in their capacity as Activity Leads. In the latter case, surfacing performance gaps will be a primary function of the Activity Teams. Independently and in cooperation with the team, Leads will routinely probe for indicators of lagging achievement, employing site visits, meetings with providers, and periodic surveys. When a performance gap is identified through either signal path, the Lead (i.e. the responsible project manager) will lead the Activity Team to develop a remediation plan.

In some cases, adequate remediation may be inhibited by resource constraints or sub-optimal coordination within the ACH or the community. If Leads are unable to resolve these impediments themselves (e.g. through cross-team problem solving), they will elevate unresolved issues to the Executive Director (ED). The ED will then make prioritization decisions and provide direction as necessary. When high-level or systemic obstacles are at play, the ED will request Board assistance to resolve them and then translate Board decisions into instructions for Leads to implement.

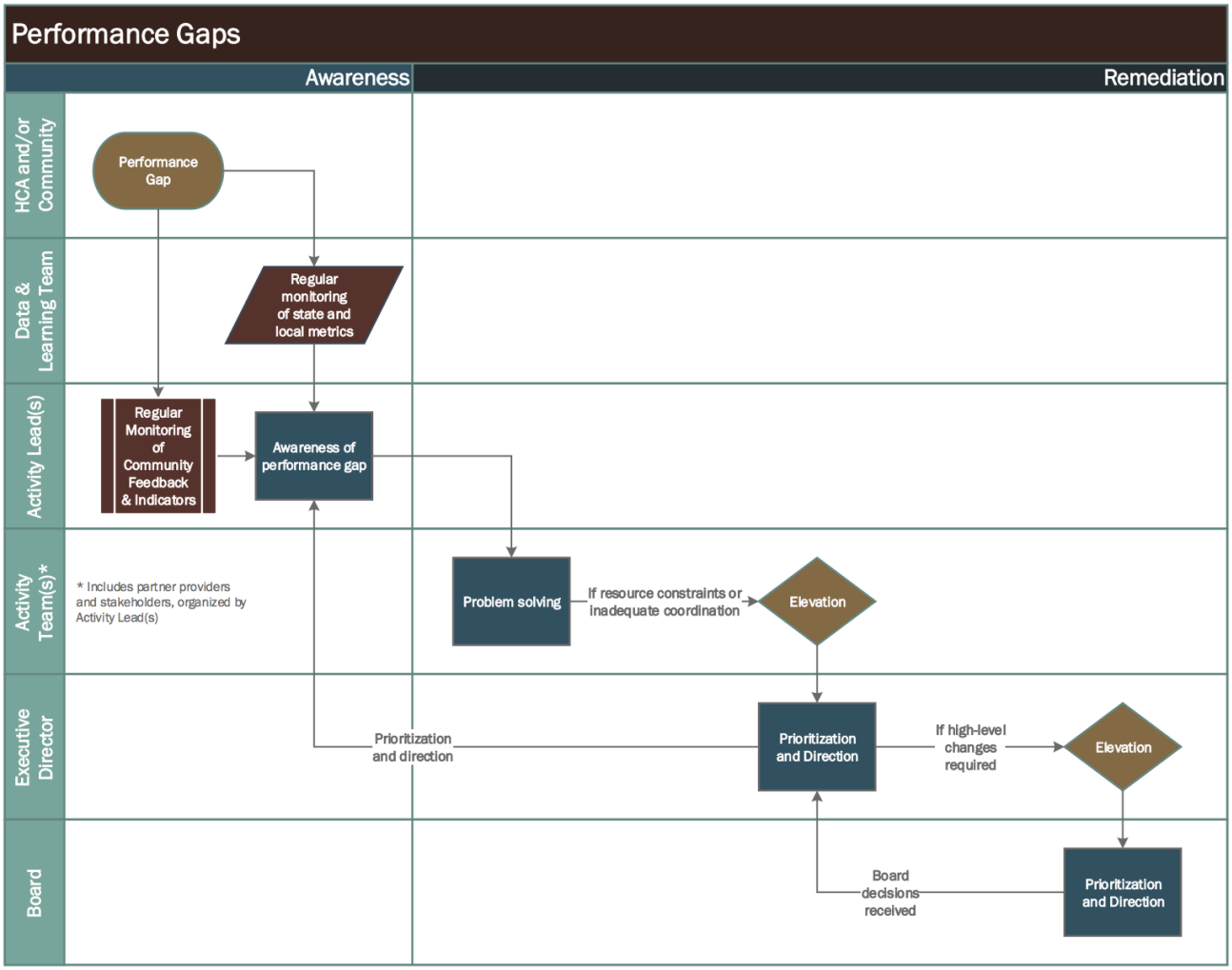

Figure 1: Performance Gaps Process Map

Quality Improvement Planning Process

Internal or embedded implementation teams will work with the most immediate data, based on quality improvement plans, internal quality improvement tracking mechanisms such as clinical quality measures, provider dashboards, and tally sheets. These will be reported to Project Managers and shared with the data

and learning team for oversight. Additionally, the data and learning team will continuously identify and use HIT and HIE systems for tracking performance data such as hospital admission, ED utilization, and immunization status based on population health management technologies such as CMT's EDIE/PreManage platform, immunization registries, syndromic surveillance, and third party registries. These platforms can provide a picture of regional performance on some monitoring and continuous measures with a delay as small as 24 hours. When these systems identify performance gaps, the data and learning team will collaborate with implementation teams via the Project Managers to solve the challenges. This is an area where the North Sound ACH will explore partnerships with other ACHs to combine resources and develop shared reporting and data analytic systems, such as a performance management portal.

The North Sound ACH implementation planning teams will embed continuous tracking mechanisms in their implementation plans as part of their quality improvement planning process, to include surveys, regular automated or manual reports of metrics, and other means for tracking success. This quality improvement planning will emphasize rapid-cycle process improvement strategies that will identify points of failure and improvement for quick response through PDSAs or workflow redesign. The ACH will engage existing quality improvement teams at clinical or community-based implementation partners to provide expertise and support ongoing, real-time review and improvement of evidence-based approach implementation. Where possible, implementation partners will be encouraged to use these internal quality improvement teams to track their performance and PDSA improvements as needed.

The North Sound ACH Data and Learning team will support this strategy through the development of a suite of monitoring and evaluation measures for each evidence-based approach that provide an ongoing, actionable dashboard for tracking progress. The Data and Learning team will convene to regularly review metrics and assess implementation delays or gaps in performance that require changes or improvements.

Process Improvement and Project Plan Modification

Implementation delays will be identified through regular monitoring and oversight of performance and tracking measures by internal implementation teams at partner organizations. When implementation is delayed or encounters a barrier, these teams will first attempt rapid cycle improvement processes including Plan-Do-Study-Act (PDSA) cycles to solve these challenges and report outcomes to Project Managers. If this method does not lead to improvement, Project Managers will collaborate with implementation partners, the data and learning team, program council, and technical assistance consultants to address implementation delays.

When changes or improvements are identified as necessary by the ACH Data and Learning Team, the North Sound ACH staff will first work to support project implementation teams through internal QI activities, workflow redesign, PDSA cycles, resource allocation, staff training, collaborative conversations across sectors and ACHs, and other forms of assistance to improve performance (Figure 2). Technical assistance, trainings, and other resources will be supplied as needed to partner organizations and individual providers for these additional supports based on data and a deliberative process between North Sound ACH staff, the Data and Learning team, and implementation partners, as well as with feedback from the program council.

Modifications to project plans will occur after the North Sound ACH staff and implementation planning team leads report to the Program Council that a project has gaps, delays, or areas of improvement that could not be solved through other forms of assistance, as described above. North Sound ACH staff, project partners, key stakeholders, and members of the Program Council will deliberate on potential changes to improve project performance and determine whether a program can be adapted or needs to be discontinued. Prior to applying for a project plan modification in these instances, the North Sound ACH will coordinate with the Health Care Authority to identify potential alternative solutions.

Technical Assistance

Potential sources of technical assistance in developing our quality improvement plans, training our teams in continuous improvement, and identifying tracking measures include Qualis Health, Providence CORE, Kaiser Permanente Washington Health Research Institute, the Northwest Center for Public Health Practice, and Managed Care Organizations.

3B: Project Metrics and Reporting Requirements

Attest that the ACH understands and accepts the responsibilities and requirements for reporting on all metrics for required and selected projects. These responsibilities and requirements consist of:

- *Reporting semi-annually on project implementation progress.*
- *Updating provider rosters involved in project activities.*

YES	NO
XX	

3B: Relationships with Other Initiatives

Attest that the ACH understands and accepts the responsibilities and requirements of identifying initiatives that partnering providers are participating in that are funded by the U.S. Department of Health and Human Services and other relevant delivery system reform initiatives, and ensuring these initiatives are not duplicative of DSRIP projects. These responsibilities and requirements consist of:

- *Securing descriptions from partnering providers in DY 2 of any initiatives that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives currently in place.*
- *Securing attestations from partnering providers in DY 2 that submitted DSRIP projects are not duplicative of other funded initiatives, and do not duplicate the deliverables required by the other initiatives.*
- *If the DSRIP project is built on one of these other initiatives, or represents an enhancement of such an initiative, explaining how the DSRIP project is not duplicative of activities already supported with other federal funds.*

YES	NO
XX	

3B: Project Sustainability

The North Sound ACH is committed to working with partners in our region to develop strategies and initiatives that will move the metrics outlined in the Project Toolkit, and achieve long-term sustainability while impacting Washington's health system transformation beyond the Medicaid Transformation period. A virtuous cycle results when clinical transformation improves provider performance on clinical quality measures in value based contracts, payers such as Managed Care Organizations reap savings, and reinvestments can be made back into the community, and community-based organizations to address upstream, social determinants of health. To ensure lasting impact, we will optimize project strategies that hold promise for additional financial earnings and substantial buy-in from both clinical and community-based partners. The implementation of projects will foster relationships among partnering providers, so implementation is realized on the regional level and when Medicaid Transformation funds are no longer available, the relationships and transformative changes will continue.

The North Sound ACH plans to leverage its unique position as a regional convener and facilitator to identify additional long-term supports for transformative changes to our health systems. Whenever possible, the North Sound ACH will seek to braid together DSRIP earnings with other sources, including Managed Care Organization partners. Additionally, philanthropic support and investment from foundations and community development organizations at the local, state, and federal level will be pursued and leveraged wherever possible.

Within the clinical environment, the North Sound ACH will work with partnering providers to foster systems transformation, evidence-based practices and team-based workflows to drive performance on clinical quality measures and thereby increase reimbursements for value-based contractual agreements, both current and future as the state moves toward HCA goals for increased VBP adoption. Improving utilization of non-clinical staff in the clinical environment can increase the ability to pursue payments for additional services billable to Medicaid, such as those supporting behavioral health practitioners performing assessments or other interventions. Finally, establishing improved linkages and care coordination between clinical settings and community based resources can improve patient engagement and satisfaction, also bolstering clinical quality measure performance and subsequent reimbursements. Through the Pathways and other models incentivizing value-based or population health models over fee-for-service models ensures a more holistic approach to achieving health equity in the region.

The North Sound ACH plans to advocate at city, county, and state level for policies that will support this work, and reduce regulatory barriers to successful project implementation. This includes advocacy for policies that impact bi-directional integration and clinical transformation, social determinants of health, such as housing, access to transportation, childcare, employment, food access, environmental pollutants, etc. Additionally, the ACH will advocate for changes in programs and policies within partner organizations and systems, to support the implementation of services that support Medicaid Transformation and address health disparities.

Domain 1 areas of Workforce and Population Health Management offer substantial opportunities to assure long-term sustainability and transformation. Training new members of the health workforce (or retraining current members) is an upfront and self-sustaining investment, particularly if partners are able to train staff in-house, building capacity for these providers in the long-term. Supporting implementation of systems for Health Information Technology or Exchange (HIT/HIE), is an up-front investment and will help defray costs over the long term. Additionally, improved interoperability, communication and patient service resulting from improved technology and systems will reduce costs and improve patient satisfaction in the long term, likewise driving increases in reimbursements for value based contractual agreements.

Specific to Maternal and Child Health, the Washington State Department of Health is committed to supporting provider training across the state focused on best practices around reproductive, maternal and child health. Training costs can also potentially be supported by non-profit organizations like Upstream USA (which has already given a 6-year commitment to training key providers in One Key Question and LARC best practices), the Bixby Center for Reproductive Health at the University of California San Francisco (which has committed to offering no-cost trainings to providers in addition to precepting), and others. The Family Planning portion of this project area (LARC training for providers) is partially supported by a grant from Kaiser Permanente Community Benefit confirmed through 2018, with the strong likelihood to continue. One of our key partners in this work (Mt. Baker Planned Parenthood) has relationships with private philanthropists who are committed to providing substantial financial support to expand reproductive health access in our region. Strategies in this project area focus heavily on prevention with a true “upstream” focus or “long lens” by focusing on preventing unintended pregnancies and reducing adverse childhood experiences by supporting families throughout the life cycle.