better health together

Medicaid Transformation Team
Health Care Authority
Via email: medicaidtransformation@hca.gov

Better Health Together (BHT) is privileged to serve as the backbone organization for our fast developing Accountable Community of Health region serving six counties in Eastern Washington. BHT appreciates the leadership and vision of the Healthier Washington plan and its alignment and accelerator effect on our audacious goal to radically improve the health of our region.

Thank you for the opportunity to solicit project ideas for the Global Medicaid Waiver. Because our region is a hub of innovation and action, BHT's governing board saw the value in testing the efficacy of our evolving Accountable Community of Health by conducting an endorsement process for proposed projects from our region. This was important to:

- Ensure alignment with each of our five priority areas;
- Test the convening and connecting role of our backbone agency to see if our "approval" generated impact; and
- Test criteria for evaluating regional projects with a real-time tool.

We were delighted to receive 17 applications prior to our deadline and five additional projects after our evaluation timeline passed. This volume demonstrates the leadership our ACH is playing in our region. We are grateful to our evaluators: Pam Tietz, Spokane Housing Authority; Dean Larsen, Spokane Medical Society; Dr Joel McCullough, Spokane Regional Health District; Tom Martin, Lincoln County Public Hospital District; and Kristen West Fisher, Empire Health Foundation for their efforts to review a broad set of proposals.

Attached please find a copy of the tool we developed for this evaluation. We believe this a great foundational tool to support the role that ACH's are likely to play as Coordinating Entities under the Global Medicaid Waiver.

The following matrix is a ranked description of projects receiving the Better Health Together "Good Housekeeping" seal of approval.

Project Name	Organization Sponsor	BHT ACH Priority Alignment
Radically Improving Health through Community Health Workers	Better Health Together	Scale community based care coordination & Community Linkages to Social Determinate of health
Improving Chronic Care in Rural Communities	Critical Access Hospital Network	Scale community based care coordination & Community Linkages to Social Determinate of health
Family Centered Treatment with Housing	Empire Health Foundation	Integrated Health Delivery & Community Linkage
Integrated Medication Management	Empire Health Foundation	Scale Community Based Care Coordination

School Based Strategies to Prevent Obesity	Empire Health Foundation/Better Health Together	Reduce Obesity
Integrated Health Support for High Risk, Non-Engaged Adults and Youth with Mental Illness and Chronic Disease	Frontier Behavioral Health and Community Health Association of Spokane (CHAS)	Integrated Health Delivery
Fruit and Vegetable Prescription Program	Catholic Charities	Reduce Obesity & Community Linkages to Social Determinate of health
Community Health Workers as a mechanism for increasing preventative behaviors	Spokane Regional Health District	Scale community based care coordination & Community Linkages to Social Determinate of health
Start Healthy Start Now	Spokane Regional Health District	Community Linkages to Social Determinate of health
Dental Access Partnership	Operation Health Family	Increase Oral Health Access
Diabetes Prevention Program	Inland NW Health Services (INHS)	Reduce Obesity

Additionally, while we are supportive of the following projects for their cross-ACH and statewide collaborative potential, we did not evaluate them because our criteria was specifically designed to address local priorities:

Project Name	Organization Sponsor
ER is for Emergencies Best Practices 3.0: Linking to Community Care for Patients with Behavioral Health and Chronic Care Needs	Washington State Hospital Association
Washington Safe Deliveries	Washington State Hospital Association
Universal Access for Evidenced-Based Home Visiting Programs	Coordinated Care
Dental Emergencies Needing Treatment	Washington Dental Service Foundation
Behavioral Integration Program	Community Health Plan of Washington
Honoring Choices	Washington State Hospital Association
Value Based Payment	Washington State Hospital Association

The Better Health Together Accountable Community of Health commends the Health Care Authority's Medicaid Transformation team's efforts to utilize a robust community engagement model for soliciting projects. We stand ready to provide additional thoughts, evaluation and support in moving this important work forward.

Sincerely,

Alison Carl White

Alison Carl White
Executive Director

Accountable Community of Health
Medicaid Waiver Project Evaluation Criteria
Approved by BHT Board 12.2015

Criteria for BHT ACH Endorsement

- Quality application submitted, meets key criteria noted below
- Alignment with at least 1 ACH Priority Area and 1 Medicaid Waiver Priority Area
- Alignment with private philanthropy investment priorities in the region
- Multi-sector collaboration plays an integral role and partners have a shared interest in the outcomes
- Ability to scale across the region and the state
- Ability to succeed/proven track record/known jockey
- Ability to ready for launch on January 1, 2017

Evaluation Criteria
PRIORITY AREAS: How well did the project align to ACH and Medicaid Waiver Areas?
ACH Priorities:

- Dramatically improve whole-person care through the integration of behavioral, physical and oral health systems.
- Expand oral health access.
- Develop strong community systems that link housing, food security and income stability.
- Dramatically decrease obesity rates across all populations through prevention.
- Scaling community-based care coordination to reduce health inequities, improve individual health outcomes and build resilience in children.

Medicaid Waiver Priority Areas:

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

Points	Criteria
0	No mention of the priority areas
3	Vague mention of the priority areas but did not specify which one(s) would be affected by the proposed project
6	Identified priority area(s) that would be affected by the proposed project
9	Identified priority area(s) AND Waiver priority area(s) that would be affected by the proposed project and tied to investments priorities of private philanthropy in the region

PROBLEM STATEMENT: How well did the project proposal provide current local statistics and/or other evidence to document the scope of the problem and the gap in the community that needs filled?

Points	Criteria
0	Did not mention
1	Mentioned that there was a need but did not provide any evidence
2	Some statistics provided
3	Clear, detailed description of needs supported by current statistics

POPULATION: How well did the project proposal describe the target population? Does the scope of the target population track to a high level of impact within five years?

Points	Criteria
0	Did not mention
1	Mentioned that people need their services but did not specify who or tie to impact
2	General, vague description of target population related to impact
3	Clear, detailed description of target population including number and demographics tied to high level impact within 5 years

PROJECT INTERVENTION: How clearly defined are the proposed multi-sector activities or intervention? How well did the proposed project demonstrate staff, organization and partner experience?

Points	Criteria
0	No mention of activities/intervention/qualifications to be provided
2	Mentioned that "activities" would be implemented but did not specify what activities and/or
4	Listed activities to be provided but did not indicate how they would be implemented and/or provide some evidence of adequate experience
6	Provided a detailed description of activities/interventions/qualifications AND how project would be implemented

EVALUATION: How well developed is plan to measure the project's success?

Points	Criteria
0	No mention of project evaluation and monitoring
1	Mentioned a need for evaluation and monitoring but did not specify how this would be done
2	Described the evaluation plan that would be used, but it is not currently operational
3	Described a robust, functional evaluation and monitoring plan

OUTCOMES: How well did the proposed project describe and clearly identify the desired outcomes/goals? Does the plan demonstrate ability to course correct if outcomes aren't being achieved?

Points	Criteria
0	No mention of outcomes/goals
2	Mentioned broad overarching outcomes/goals but they are vague or not clearly related to proposed project activities/intervention or are not consistent with target population
4	Project outcomes are defined but connection with target population and/or project activities had to be inferred by the reviewer
6	Clearly identified in detail the desired goals/outcomes and they are reasonable, clearly defined and consistent with target population and project activities. There is a plan in place to adjust and course correct if necessary.

EVIDENCE BASE and Promising Practices: Is the project based on evidence that has demonstrated or shows promise for success?

Points	Criteria
0	No mention at all of an evidence-base or promising practice
1	Mentioned that the project is evidence-based or promising but did not present this evidence
2	General description of evidence-base or promising practice with a weak link to the project
3	Clearly tied proposed project to a well described evidence-base or promising practice

SCALABLE: Is the project scalable to other communities in the region, in the state?

Points	Criteria
0	No mention at all of scalability
2	Mentioned that project is scalable with no details as to how
4	Mentioned that project is scalable with details as to how
6	Project is already operational in at least 1 county in the region

COLLABORATION: Does the project describe history of collaboration from multiple sectors and across communities in the region? Is there a clearly defined public-private collective impact structure? Are their formal agreements among the partners and were they involved in the design and planning?

Points	Criteria
0	No description of collaborative design, planning or decision-making
2	A loose history of collaboration among partners and an informal CI structure
4	A strong history of collaboration and willingness to implement formal structures if funded
6	Robust history of collaboration and involvement in design and planning with a clear CI decision-making structure.

READINESS: Can this project be "turn-key" ready on January 1, 2017?

0	No mention of anticipated start date
2	Claim that project could begin quickly, as early as January 1, 2017
4	Compelling evidence that project could begin by January 1, 2017
6	Project is currently underway and can easily move under the Waiver

ALIGNED RESOURCES: How well did the proposed project demonstrate the leverage of other federal, state, local and/or private resources to support the project? Do they show evidence of strong alignment with regional philanthropic strategic investment priorities?

Points	Criteria
0	Did not mention additional funding or resources that had been or could be leveraged
2	Vague mention of other funding or resources had been leveraged but no clear evidence that funding is secure or in alignment with investment priorities
4	Listed funding/resource but did not provide details (e.g., amounts, length of time...) or fund development approach
6	Provided a list of all funding/resources secured, pending and proposed AND details for each

SUSTAINABILITY: How well did the proposed project provide evidence of future funding, return on investment (ROI), and the anticipated timeline for ROI? Is there a clearly articulated multi-sector value proposition tied to a public-private shared savings redistribution approach?

Points	Criteria
0	No mention of sustainability or future funding
1	Mentioned future funding sources and/or ROI, but they are not yet secure (e.g., the waiver)
2	Mentioned future funding sources AND a plan for sustainability that includes a defined multi-sector value proposition
3	Clearly identified future funding AND an operational sustainability plan that includes details on ROI WITH a shared savings component

TRACK RECORD OF LEADERSHIP: How likely is this project to succeed? Do they have a leader identified who can meet the challenge (get the right partners to the table and keep them engaged, implement effectively, define value and secure sustainable resources)?

Points	Criteria
0	No mention of previous project management experience
2	Mentioned that the organization has managed projects in the past but no evidence or further details were provided
4	Partially demonstrated ability to implement and manage same or similar projects
6	Provided clear and complete evidence of managing same or similar projects with relevant details included (e.g., timelines, budget adherence, funding requirements, deliverables)

BHT Endorsed Medicaid Waiver Project Scoring

Organization Name	Project Title	Priority Area	Problem Statement	Population	Project Intervention	Evaluation	Outcomes	Evidence-based-Promising practices	Scalable	Collaboration	Readiness	Aligned Resources	Sustainability	Track Record of Leadership	Average Total Score
Better Health Together	Radically improving health of our region through CHWs	9	3	3	6	3	5.4	3.2	5.2	5.6	6	4.4	2.4	6	62.2
Critical Access Hospital Network	Improving Chronic Care in Rural Communities	9	3	3	6	3	4	2	6	6	6	6	2	6	62
Empire Health Foundation	Family Centered Treatment with Housing	8.4	2.8	3	5.6	2.6	6	2.8	4.2	4.8	4.4	5.2	2.2	5.6	57.6
					Did not describe how the activities would be implemented				Mentioned scalability but did not describe how it would be scaled.	Did not describe collaboration planning and decision-making with ACH members	Not currently operating in at least one county in the region		Does not have a clear ROI proposition or multi-sector plan to reinvest savings.		
Empire Health Foundation	Integrated medication management to improve community health	9	3	3	5.6	2.2	5.2	2.8	3.8	4.8	4.4	4.4	2.2	4.4	54.8

						Did not describe evaluation plan	Outcomes defined, but not tied directly to target population and activities	Weak link of evidence to this project	Project is not yet operable in at least one county	Did not describe a strong history of collaboration for this project			Estimated ROI but did not tie to savings reinvestment or multi-sector value proposition for sustainability		
Better Health Together/Empire Health Foundation	School Based Strategies to Prevent Obesity	9	3	3	6	3	6	2	2	4	2	4	2	6	52
Frontier Behavioral Health/CHAS	Integrated health support for high risk, non-engaged adults and	8.4	2.4	2.4	5.6	2	5.6	2.6	4	4.8	4.8	2.4	1.8	4.8	51.6
		Did not reference BHT's ACH priorities or that this is a project for ACH transformation		Did not quantify population to expected impact	Did not describe how the activities would be implemented	Did not describe evalation plan			Mentioned scalability but did not describe how	Did not describe collaboration planning and decision-making with ACH members		Described aligned funding but did not quantify amounts for this project.	Estimated ROI but did not tie to savings reinvestment or multi-sector value proposition for sustainability		
Catholic Charities	Fruit and vegetable prescription program	8.25	2.75	2.5	5.5	2	5	2.75	5	3.5	4	2.5	1.25	3.5	48.5
		Did not reference BHT's ACH priorities or that this is a project for ACH transformation		Did not quantify population to be served in BHT's region		Did not describe how outcomes would be evaluated				Unclear whether this was designed collaboratively or whether there is a collaborative decision-making structure		Documented robust list of funded efforts to align with, but did not quantify aligned resources for this project.	Estimated ROI but did not tie to savings reinvestment or multi-sector value proposition for sustainability		

SRHD	CHW as a mechanism for increasing preventative behaviors	9	3	2.75	5	2	3.5	3	3.5	3.5	3	3	1.25	3.5	46
		Did not reference BHT's ACH priorities or that this is a project for ACH transformation													
SRHD	Start Healthy Start Now	8.25	2.75	3	5.5	2.25	5.5	3	1.5	2	3	2.5	1.25	4.5	45
		Did not reference BHT's ACH priorities or that this is a project for ACH transformation													
Operation Healthy Family	Dental Access Partnership Program	7.8	3	2.6	5.6	1.6	3.6	2.8	2.4	2.4	4.2	3.4	1.4	4.2	45
	Combine with DENT for integrated model	Did not reference BHT's ACH priorities or that this is a project for ACH transformation		Described but did not quantify the target population (beyond all Medicaid beneficiaries)	Listed activities but did not indicate how they would be implemented	Did not describe evaluation plan	Listed goals but did not quantify outcomes	Could not easily tie this back to evidence or promising practices	Mentioned scalability but did not describe how	Seemed duplicative of DENT. Did not describe a collaborative planning or decision-making process with BHT	Claim to be ready by Jan 2017	Described aligned funded programs but did not quantify amounts for this project.	Mentioned future sources but did not have secure commitments		
Inland Northwest Health Services	Diabetes Prevention Program	9	3	3	4	2	4	3	6	0	6	0	1	2	43