

## WASHINGTON STATE'S ACCOUNTABLE COMMUNITIES OF HEALTH:

### **Promising Practices for Consumer Engagement in the New Regional Health Collaboratives**

July 2016

#### Executive Summary

The creation of Accountable Communities of Health (ACHs) in Washington offers a watershed opportunity to actively include members of communities that experience disparities in health outcomes and access to care in health system decision-making. In a time when Washington State's health systems are undergoing major transformations on many levels, ACHs provide an opportunity to harness the unique experiences and insights of grassroots consumers to help health care institutions in identifying their communities' health needs and priorities and developing projects to address them.

ACHs have already embraced a number of promising consumer engagement activities. This paper highlights several of these and recommends a few others, to help illustrate to ACHs some successful engagement practices that they can adopt in their own regions. We also recommend practices that do not require great resources to implement but that support ACH engagement of grassroots consumers and enabling them to be accountable, transparent and equitable to the communities they serve.

As ACHs decide how regional health systems will act to improve their communities' health, they should offer meaningful opportunities for the involvement of grassroots consumers, including low income families, immigrants, people of color, people with disabilities, older adults, and LGBTQ individuals, among others. ACHs should include grass roots consumers in their governing bodies and operations both to ensure the success of these programs and as a matter of equity. ACHs' staff and governing bodies cannot hope to accurately identify and prioritize their communities' most serious health needs unless they make those determinations in partnership with individuals who experience those needs and who will most benefit from ACH-led interventions. Moreover, communities facing serious health disparities have traditionally been underrepresented in the executive decision-making ranks of health care systems. Rather than reproducing these structural inequities, ACHs should take a more equitable path by structuring their decision-making and operations to include grassroots consumers belonging to these communities.

## PROMISING PRACTICES FOR CONSUMER ENGAGEMENT BY ACHS

To help ACHs better understand the benefits of consumer engagement and choose the most effective means for engaging the grassroots consumers in their regions, Northwest Health Law Advocates (NoHLA) in collaboration with the Washington Community Action Network (Washington CAN!) have developed these recommendations for ACH consumer engagement practices. Our recommendations are based on our review of documents from the state and ACHs and other related literature, interviews with members of ACH governing bodies and staff, discussions with state agency staff, and information we obtained about practices in other states with similar regionally-based organizations. NoHLA and WACAN staff have also attended and participated in meetings of the four ACHs highlighted in this paper.

## PROMISING PRACTICES FROM OTHER STATES

Regionally based health system transformation organizations in Oregon, New York and Maryland offer some useful lessons for Washington's ACH program. In particular, we highlight the following promising practices:

- **Community Advisory Councils in Oregon Coordinated Care Organizations (CCOs):** CCOs provide Medicaid services to individuals in their areas in Oregon. Each CCO is required by law to have at least one Community Advisory Council, with consumer representatives constituting a majority of its members.
- **Data Dashboards used by Maryland Low Income Health Improvement Coalitions:** Maryland's State Health Improvement Process (SHIP) and the State's county-based Local Health Improvement Coalitions (LHICs) collaborated to gather and share data on a common set of health measures set by the SHIP. This data was made widely accessible through graphic data dashboards. The dashboards have helped the LHICs plan and measure the effectiveness of their health improvement programs, and they provide the public with clear information about community health needs and the impacts of LHIC programs.
- **Project Approval and Oversight Panel for New York Performing Provider Systems (PPSs):** Similar to Washington's proposed Medicaid Transformation Waiver, New York received a Medicaid waiver that designated regional organizations, called Performing Provider Systems, to propose and administer waiver-funded health projects. To provide public accountability and monitoring for the program, the State created a stakeholder Project Approval and Oversight Panel, to review and assess applications for waiver-funded projects and provide ongoing oversight to the waiver's programs. The Panel includes in its membership a low-income consumer and a consumer-oriented coalition representative.

## PROMISING PRACTICES IN WASHINGTON STATE'S ACHS

After reviewing these out-of-state programs, we lay out a set of principles for community participation that we recommend ACHs to adopt and use to guide their governance, community engagement and outreach. The principles are divided between five domains – racial/health equity, transparency, accessibility, community engagement, and accountable governance. For each domain, we list an overarching principle, as well as concrete ways for an ACH to integrate the principle into its procedures and activities. These principles are found in Appendix A of the paper. The principles may also be downloaded as a stand-alone document. One of the ways we suggest that ACHs promote racial/health equity is through the use of a racial/health equity tool to help in recognizing and addressing the impacts of significant decisions they make on racial equity. In Appendix B, we provide a sample tool of this sort (adapted from the City of Seattle's Racial Equity Toolkit) for reference, along with a discussion of the merits of using a health/equity decision-making rubric, and how it can be used.

In addition to explaining the benefits of adopting and possible ways to implement these principles, the paper highlights promising practices of four of the State's ACHs – the Cascade Pacific Action Alliance, the North Sound ACH, the King County ACH and the Pierce County ACH. The Cascade and North Sound ACHs were chosen in significant part because they were identified early on by the State Health Care Authority as being more advanced in their development. The King and Pierce County ACHs are the only two single-county ACHs in the state, and their regions respectively make up the State's most populous and second most populous counties.

Some of the highlighted promising practices of these four ACHs include:

- Allocating seats on ACH decision-making bodies to consumers
- Committing to including consumers in ACH work groups or committees
- Creating a Consumer Advisory Board
- Multi-tiered engagement – creating multiple opportunities for consumer engagement with different levels and lengths of commitment required
- Holding community meetings at which consumer participations was sought and encouraged
- Conducting presentations on ACHs at community organization gatherings
- Using local community forums to distill and report local perspectives to the ACH (particularly for geographically large ACH regions)
- Creating and operating a work group charged with addressing consumer engagement
- Creating a consumer engagement plan for the ACH

- Operating an ACH website that lists governing board, work group and committee meeting dates and offers links to download supporting materials
- Budgeting in advance for consumer engagement (at least 10% of the ACH's annual budget)
- Distributing newsletters with updates on ACH activities and upcoming meeting dates
- Establishing health equity and combating health disparities as central values for the ACH
- ACH governing bodies employ consensus-based decision-making
- Translating ACH website content in prevalent non-English languages
- Opening ACH governing body meetings to full public participation

## CHALLENGES FOR ACHS

As the implications of the anticipated Medicaid Transformation Waiver loom large over ACHs, there are significant questions about the ACHs' funding, mission and challenges in engaging consumers:

1. **Financial pressures may inhibit ACHs' interest in pursuing robust consumer engagement activities that are neither required by ACH funders nor likely to be required for the ACHs to participate in the waiver programs.**
2. **Waiver funded projects run the risk of crowding out ACH work that serves the collaboratives' original mission but that may be in tension with the waiver's specific requirements.**
  - a. Regional priorities v. State Identified Project Types and Standards - ACHs were created to move health planning to a regional level, identifying their most significant regional health needs and articulating their region's unique priorities and plan for addressing those needs. However, the Health Care Authority is now considering requiring each ACH to have five waiver-funded projects each of which falls within a project category chosen (with public input) by the Health Care Authority. This may restrict ACHs flexibility to select projects that best address their regions' priorities.
  - b. Social Determinants of Health vs. Medicaid Program Objectives – ACHs were designed to improve health outcomes for their *entire* population by addressing the social determinants of health. Yet, projects funded through a Medicaid waiver must benefit primarily Medicaid enrollees and serve Medicaid program objectives. This may make it more difficult for ACHs to pursue projects that focus on addressing the social determinants of health rather than aiming at directly improving health care services and particularly health care delivery systems.

- 3. ACHs must step up consumer engagement efforts as they make major decisions affecting their operation and programs. Otherwise they risk alienating their communities and making future engagement activities significantly more difficult.** Given the need for ACHs to act promptly to engage consumers in their regions, and the limitations on funding that a number of ACHs are experiencing, in Appendix C, we provide a list and explanation of several consumer engagement practices that: a) ACHs should be able to implement relatively quickly; b) should not require significant expenditures for items or activities beyond the staffing and overhead for which the ACHs will likely have already budgeted; and, c) should have high value, regardless of an ACH's individual demographics and other circumstances.

## CONCLUSION

ACHs' ability to impact their communities' health and health care delivery systems is likely to expand quickly in the near future. Upon approval of the Medicaid Transformation Waiver, it will be more important than ever for ACHs to work quickly to develop consumer engagement plans and involve members of communities facing health disparities in ACH decisions and operations. We hope that this paper can serve as a valuable tool and call to action for consumers and policymakers alike to develop a strong partnership between ACHs and the low-income individuals, people of color, immigrants, persons with disabilities, older adults and LGBTQ individuals who make up the grassroots participants in their health care systems, so that they can successfully collaborate to improve the health of the communities in which they live and work.

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