

Washington's ACHs: Collaboration in Action

Accountable Communities of Health (ACHs) are local collaboratives that bring together health care providers and payers, public health, social services, community-based organizations, the justice system, schools, tribal partners, and local government leaders to improve the health of their communities. ACHs are an emerging innovation around the country – more than 33 states and over 100 communities have implemented the model. Washington's nine ACHs are an integral part of the state's Medicaid transformation efforts and have already demonstrated success. Across the state, ACHs elevate regional and local voices in the transformation of health and reflect the strengths and needs of community, rather than a one-size fits all approach. ACHs provide leadership for community level change in their role as neutral convener and connector while partnering with numerous health and social providers in their regions.

ACHs Provide Trusted, Local Leadership

While each ACH is unique, they share a common approach to improving the health of their communities.

ACHs:

- Tackle challenging problems through cross-sector collaborations and investments in innovation that center equity and drive resources to the people and places that need it most.
- Elevate local voices in state system reform.
- Break down silos between systems and achieve health equity.
- Support community collaboration and strengthen local partnerships, including coordination between clinical providers and community-based organizations.
- Invest in community, linking health care and social supports and helping providers across the spectrum of services work better together. The majority of the funds ACHs earn are invested directly into local providers and community organizations. Since 2018, ACHs have provided over \$225 million to support initiatives proven to reduce the rising cost of health care and improve health outcomes.

ACHs Invest in Local Partners

So far, ACHs have invested over **\$225 million** into transformation efforts through local clinical and social service providers. ACHs have provided:

- **\$150 million to primary care and behavioral health providers across the state.** These resources have helped providers integrate physical and behavioral health care, strengthen their ability to serve patients with complex care needs and increase the availability of Substance Use Disorder (SUD) treatment. A significant portion of these investments have focused on improving health equity, as well as making investments directly into tribal clinics.
- An additional **\$16 million to help providers and local public health meet the demands of the COVID-19 pandemic.**
- Almost **\$20 million to reduce the overuse of emergency departments**, including the use of community health workers (CHWs) and community paramedicine
- Over **\$40 million into community-based care coordination systems and programs**, as well as for resources to address social determinants of health, including housing, transportation and food security.

Examples of the Important Work of ACHs

Helping Providers and Communities During the COVID-19 Crisis

ACHs have helped primary care and behavioral health providers, community-based partners and local public health departments meet the demands and navigate the challenges of the COVID-19 pandemic. ACHs are working with their communities to address the impact of COVID-19 on hard-hit populations and have invested over \$16 million to support providers to adopt telehealth, increase the availability of health navigators and care coordinators, and sanitize offices. These investments have also provided food and other needed goods for people impacted by COVID-19. Lastly, ACHs have helped the state quickly and efficiently distribute personal protective equipment (PPE) to over a thousand clinics and social service providers.

Supporting the Integration of Care

Strengthening the integration of primary and behavioral health care is a proven strategy for lowering health care costs while improving health outcomes. ACHs have invested over \$150 million into hundreds of primary care and behavioral health providers across the state. These funds have helped providers improve team-based care, develop care compacts between different types of providers for shared care planning and referrals, create registries to do a better job of managing patient needs and risks and increase important physical and behavioral health screenings. ACHs have also funded technical assistance and training for providers on service delivery and financial integration, support for transitioning billing systems, and investments in population health management systems and electronic health records, as well as peer learning collaboratives to support practice change.

Reducing Emergency Department Utilization and Hospitalizations

ACHs have invested roughly \$20 million to keep people out of the hospital when they don't need to be there. Avoidable hospitalizations and visits to emergency departments (EDs) are among the major factors contributing to rising healthcare costs, where services can cost over ten times more than in a primary care office. To reduce unnecessary ED use, ACHs are working with their health systems and making strategic investments in innovative approaches, such as community paramedicine, community provider linkages and community based care coordination. This model is especially useful in rural settings, where patients lack access to primary care. ACHs are also investing in initiatives to improve "transitions of care," the movement of patients between health care practitioners, settings, and home as their condition and care needs change. Ineffective care transitions lead to worse health outcomes, as well as higher hospital readmission rates and costs.

Strengthening Care Coordination

Strengthening care coordination is another critical strategy for lowering health care costs while improving health outcomes. The ACHs view care coordination as core to their efforts, and they have invested more than \$10 million into this strategy. ACHs are building linkages between clinical settings and community-based organizations that provide needed social services. Many of the ACHs are investing in community information exchange platforms that enable clinical and community partners to share information and make referrals. Six ACHs are implementing the Pathways Community HUB, a model that provides a comprehensive patient risk assessment, and each identified risk factor is translated into a Pathway that involves coaching and linkages to community and clinical resources, carried out by a community health worker.

Addressing Social Determinants of Health and Health Equity

ACHs recognize the importance of addressing social determinants of health (SDoH)-- the conditions in which people are born, grow, live, work and age that shape our health. ACHs have invested \$30 million to address these needs, with plans for even more investments over the next two years. To focus on the upstream factors that impact health, ACHs have created "Community Resiliency Funds" that support initiatives to break down barriers between clinical and social service or community-based providers. ACHs also have partnered with local organizations to address regional needs around transportation, housing and nutrition.