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Organization Type	Participating Organization Name
State Medicaid Agency	Washington State Health Care Authority (HCA)
Managed Care Organization	Community Health Plan of Washington (CHPW)
Health Care Delivery Organization	Community Health Network of Washington (CHNW)

Health Equity Focus

The Washington team identified a range of potential health disparities using data at the plan and state level. After identifying possible options, the team narrowed its focus by assessing existing community initiatives and programming. Their goal was to have an area of focus that could be built upon political momentum, such as whether there were state-led initiatives focused on specific areas or recent related legislation, among other metrics.

The team initially focused on equitable perinatal health. However, once they began to assess services provided and disparities by each of CHNW's twenty-one community health centers (CHCs), they found that participation was not universal at CHCs across the CHNW because of different inequities at the local level and services offered. As a result, the team broadened its health equity focus to include three areas: member experience and access, perinatal health, and depression or other chronic condition management.

The team's broadened focus allows each CHC to select one or more of the priority areas based on local disparities data and what staff, patients, and home communities deem most important. The Washington team learned that it needed to expand their equity focus even further to accommodate a need for the CHCs to engage in basic capacity-building work that is typically not funded through traditional fee-for-service or incentive-based payment models.

Care Delivery Transformation and Payment Reform

The Washington team created a grant program by utilizing CHPW pay-for-performance withhold dollars and releasing the dollars upfront to the CHCs within the CHNW (typically, the funding is only provided after certain metrics are achieved). All twenty-one community health centers were invited to apply for annual grants up to \$50,000 to address disparities in one or more of the three focus areas, including taking steps to build capacity and skill sets to advance health equity more broadly (e.g., building patient partnership programs; staff training; revising and updating human resource policies and procedures; and/or IT infrastructure to collect and analyze demographic data).

There are sixteen CHCs participating in the grant program and taking part in regular cross-center training and skills-building activities; those training sessions are, in essence, a sub-learning collaborative within the larger AHE LC. The sessions often have included components of AHE curriculum training such as requiring strong patient and community engagement to ensure initiatives were tailored to the immediate needs and priorities of the communities served.

LEARNING COLLABORATIVE TEAM PROFILES: WASHINGTON

Creating Cultures of Equity

The Washington team is aligning equity initiatives across organizations. CHPW created an organization-level equity assessment tool to evaluate the health equity implications of all organizational policies and programs. They shared the equity assessment tool with the Washington State Health Care Authority (HCA) and CHNW to be implemented within those respective organizations. HCA, CHPW and CHNW CHCs are developing their own cultures of equity, including hiring new staff dedicated to health equity work, Diversity, Equity, and Inclusion training at all levels of the organization, and improved structures (e.g., forming patient advisory committees) to partner with their communities.

Lessons Learned

The Washington team quickly realized that they couldn't address inequities they were seeing in their communities without doing their own internal Diversity, Equity, and Inclusion work at each of the partnering organizations. They are also emphasizing that value among participating CHCs. So far, the CHCs have been grateful for the prospective payments they have received, allowing them to support internal capacity building with respect to equity, such as staff training and hiring individuals focused on equity. The importance of internal culture continues to be a driving force for the WA team.

Value Adds

The Washington team has found that the AHE Learning Collaborative has been a great impetus for the three partnering organizations to work more closely together. They realized that their work is incredibly interdependent and the more closely they can align their efforts, the better. For example, if CHPW can have greater insight as to what HCA will be requiring from MCOs in terms of performance measures, they can better work with CHCs to plan for how to lay the groundwork for success in achieving high levels of performance.

Looking Ahead

The Washington team is developing strategies to bolster and sustain the initiative as they enter their third year. They will continue supporting the CHC intervention and equity infrastructure development (e.g. workforce education and data capacity) for long-term sustainability. The team is also exploring how to transition away from a grants program to a value-based payment model that would hold CHCs accountable for reducing the inequities they are targeting, including tying payments to reducing targeted disparities. The team wants to coordinate their activities with state priorities and will continue to gather input from CHCs. They will explore how to best account for any policy changes at the state level related to measuring success as well as including perspectives of Medicaid members.

CHPW is forming member advisory councils and each CHC is narrowing in on their respective approach to better partner with patients and communities. Some CHCs are working on patient journey mapping (visual or text-based depictions at each step of the patient experience) to better understand what barriers exist for patients that they can address.