

Key Innovation Plan Terms

Accountable Care Organization (ACO)*

- An organization using a payment and delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

Accountable Communities of Health (ACHs)*

- An Accountable Community of Health (ACH) is a regionally governed, public private partnership organization or structure tailored by the region to align actions and initiatives of a diverse coalition of players in order to achieve healthy communities and populations. ACH participants are envisioned to include public health, behavioral and physical health, housing and social service providers, risk-bearing entities, county and local jurisdictions, education, philanthropy partners, consumers, and tribes and other critical actors within a region. ACH representatives will participate in development of statewide Medicaid procurement objectives as the state moves to integrate physical and behavioral health, and will be a meaningful partner in providing ongoing oversight of the effectiveness of the state’s accountable risk bearing entities. The precise organizational and governance structures will not be dictated at the state level, because they should be determined in collaboration with parties in the region.

Accountable Risk Bearing Entities (ARBEs)*

- Managed care plans, risk bearing public/private entities, county governmental organizations, or other community-based organization with a risk bearing partner or the direct capacity to assume full financial risk (for physical and/or behavioral health). This term is used specifically in reference to future Medicaid procurement.

All-Payer Claims Database (APCD)*

- An APCD provides transparent data to support improving health, health care quality and containing costs by securely compiling claims data from private and public insurance carriers to provide a comprehensive picture of health care costs and utilization in a state.

Behavioral Health*

- This term is used to refer to both mental health and substance abuse.

Bi-Directional Integration*

- Physical-behavioral health services integration and delivery. ‘Bi-directional’ refers to inclusion of behavioral health services in primary care settings, and physical health services in behavioral health settings.

*From **Appendix B** of the **Washington State Health Care Innovation Plan**

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Choosing Wisely Campaign*

- An initiative of the ABIM Foundation, Choosing Wisely encourages physicians, consumers and other healthcare stakeholders to think and talk about medical tests and procedures that may be unnecessary and in some instances, harmful.

Community Health Workers (CHWs)*

- Frontline workers who help individuals and communities improve their health. The CHW model is founded on natural helping systems within communities and is based on peer-to-peer relationships rather than provider-client relationships. A key feature of CHWs is that they are individuals who have a relationship with and understanding of the community in which they serve, often belonging to the same culture, speaking the same language, and having similar life experiences. They ‘gain their core experience from local forms of knowledge.’ As a result, they are in a unique position to engage individuals and populations that medical professionals have difficulty reaching.

Community services, social services and education

- All play key roles in helping to keep people healthy and prevent disease outside the health care system, and include the YMCA, Boys and Girls Clubs, Senior Centers, faith based organizations, and many others.

Dr. Robert Bree Collaborative (Bree)*

- A statewide public-private consortium established in 2011 by the Washington State Legislature ‘to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.’ Annually, the Bree identifies up to three areas where there is substantial variation in practice patterns and/or high utilization trends that do not produce better care outcomes. Recommendations from the Bree are sent to the Health Care Authority to guide state purchasing for programs such as Medicaid and Public Employees Benefits Board (PEBB).

eValue8*

- A system of measuring and evaluating health plan performance created by business coalitions and employers like Marriott and General Motors. eValue8™ asks health plans probing questions about their capabilities in several key driver areas. Locally, Puget Sound Health Alliance has worked with major purchasers to deploy eValue8 to measure the performance of health plans.

*From Appendix B of the [Washington State Health Care Innovation Plan](#)

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Geo Mapping or GIS Mapping*

- In the health care context, a computerized and typically real-time geographic information system that is used to show on a map where and what health events or conditions occur in a geographic area. It provides tools and applications to place and display items on a map with alternative ways to filter or amplify objects or conditions and view changes over time. This technology provides local contextually relevant information and can help support planning, interventions, identify potential health threats and trends and a valuable tool for collaborative health ventures.

Fee-for-service (FFS)*

- Health care providers are paid for each service like an office visit, test, or procedure; currently the predominant reimbursement methodology in the United States and in Washington State.

Health Delivery System

- Consists of all of the parts of the way health care is delivered in Washington, whether in a hospital, a doctors office a clinic or pharmacy and involves all areas of medicine including primary care, obstetrics, mental health, and rehabilitation services and across the state including hospitals, medical centers including services for primary and specialty care, behavioral health, substance abuse, oral health, and other individual services. Health care is delivered by practitioners in medicine, optometry, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care, and tertiary care. A summary of Washington's Health Care System is available from the 2012 Rural Health Strategic Plan. www.wsha.org/files/2012%20Rural%20Health%20Care%20Report_FINAL2_1.pdf

Health Information Exchange (HIE)*

- A secure, interoperable, standards based health information infrastructure to enable timely exchange of clinical data between providers at the point of care

Health Benefits Exchange (HBE)*

- A marketplace through which consumers can research health insurance options and purchase coverage. Washington's HBE is called the Washington Healthplanfinder.

Hot spotting*

- Typical GIS-based studies include an analysis such as 'hot spot' analysis. Hot spots are detected clusters of chronic illness, infectious disease, simulation of disease spread, risk factors, or supply and demand analysis that identifies patterns within geographical areas. Hot spotting will be used in Washington to identify small area variations at the census tract level.

*From Appendix B of the [Washington State Health Care Innovation Plan](#)

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Medical Home*

- A team-based primary care model that provides comprehensive and continuous care to consumers over time; its goal is to improve health, health care and costs.

Public Employee Benefit plan (PEB)*

- Washington’s state employee benefits plan featuring fully insured and self-funded health plans provided to eligible state and higher-education employees and retirees as a benefit of employment and administered through the Washington State Health Care Authority’s Public Employees Benefits Board (PEBB) program.

Public Health System

- Consist of the Washington State Department of Health, 35 independent local health jurisdictions and our tribal health partners. Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Public health is concerned with protecting the health of the entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world. Our public health system provides a diversity of services including health care provider credentialing, control of communicable disease, food and water protection, laboratory services, immunization and other prevention services, birth and death certificates, disease surveillance and emergency preparedness.

Reference Pricing*

- An innovative payment/benefit design element successfully used by several major purchasers including CalPERS and Intel. It is similar to a reverse deductible with the insurer paying the first part of the total allowed charge, and the enrollee pays the remainder. This requires price transparency to the enrollee. Typically used where there is significant variation in cost in the same markets without a difference in quality, and with procedures that can be scheduled.

Social Determinants of Health*

- The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Tiered Networks*

- A health plan delivery system and benefit design structure through which purchasers can continue to offer a larger health plan network to enrollees, but out-of-pocket costs will vary based on the ability of the chosen facility or service provider to deliver value (better outcomes and lower costs)

*From Appendix B of the [Washington State Health Care Innovation Plan](#)

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Transformation Support Regional Extension Service *

- The convener and coordinator of practice transformation services and clearinghouse of tools and resources modeled after the ‘primary care extension program’ outlined in section 5405 of the Affordable Care Act. The extension service design envisions a central coordinating ‘hub,’ and community based ‘spokes.’ Local extension agents will provide supports required for practice transformation through facilitating and providing assistance for implementing quality improvement or system redesign necessary for high-quality, cost-effective, efficient and safe person-centered care.

Triple Aim*

- Originally coined by the Institute for Healthcare Improvement, the ‘Triple Aim’ is a framework for optimizing health system performance to improve the health of populations, improve customer experience of care (quality and patient experience) and reduce cost.’

Value Based Payment*

- Value-Based Payment (VBP) is a broad class of strategies used by purchasers, payers and providers to promote quality and value of health care services. The goal of any VBP program is to shift from pure volume-based payment, as exemplified by fee-for-service payments to payments that are more closely related to health outcomes. Examples of such payments include pay-for-performance programs that reward improvements in quality metrics; bundled payments that reduce avoidable complications; global arrangements that tie upside and downside payments to specific quality targets in addition to actual to target cost trend rate. VBP programs share a common objective of slowing the increase in the total cost of care by encouraging a reduction in the reported 30% of wasted health care dollars.

Whole person centered*

- An approach to care that places the person at the center of their care, encourages self-management, and takes into account the full set of medical, behavioral, oral health, and long term services and supports that contribute to health.

See Appendix B of the Washington State Health Care Innovation Plan for a full glossary of terms.

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