Current State Assessment (CSA)

March 2020

Introduction

North Sound Accountable Community of Health (North Sound ACH) is a nonprofit organization working with partnering organizations in Island, San Juan, Skagit, Snohomish, and Whatcom counties, including eight tribes, to transform systems that impact health. Launched in 2014, North Sound ACH is one of the first ACHs recognized in Washington State and is governed by a Board of Directors who set the strategic direction for the organization.

North Sound ACH is also a partner in the statewide Healthier Washington initiative, which includes an agreement between Washington State and the federal government to support new and innovative approaches that will: 1) build healthier communities through a collaborative regional approach; 2) integrate the physical and behavioral health payment and delivery systems to foster focus on the whole person; 3) prepare providers for contracts that pay for outcomes and quality of care rather than quantity; 4) advance equity and reduce disparities.

In 2019 North Sound ACH had 49 partners from clinical and community settings who committed to Medicaid Transformation Change Plans. Washington State's Medicaid Transformation Project (MTP) presents an unprecedented opportunity for the North Sound region to advance a collaborative regional approach and portfolio of projects and strategies to build healthier communities. North Sound ACH's Change Plans includes four initiatives: Care Coordination, Care Transformation, Care Integration, and Capacity Building. In 2020, North Sound ACH will be accepting new partner applications through targeted invitations based on sector and strategy gaps.

Background

A Current State Assessment (CSA) is a process for understanding the status, condition, trends, and key issues affecting a specific region, community, and/or population. Because project work is iterative, data is collected and analyzed throughout the phases of the project. The information from a CSA can be used for project planning and design, implementation, monitoring, and as part of continuous quality improvement (QI).

In June 2018, North Sound ACH wrote the first CSA as part of the Semi-Annual Report deliverable for the Health Care Authority (HCA). The 2018 CSA identified the need for ongoing assessment work, including an assessment of partner readiness for MTP implementation.

As a result of this finding from 2018, the North Sound ACH Research, Evaluation, and Data Team integrated yearly updates to the CSA into the Monitoring, Evaluation, and Learning Plan to continue this work and summarize the environment, the regional strengths and opportunities, and the state of fully integrated managed care (FIMC) in the region. The CSA will be updated each Spring and reviewed by North Sound ACH staff.

North Sound Medicaid Population

Through MTP, North Sound ACH partners are working towards transforming the health care system for Medicaid-enrollees. Nearly fifteen percent of Washington State's Medicaid-enrollees, 272,009 individuals, live in the North Sound region. Rates of Medicaid enrollment range from 17% in Island County to 27% in Skagit County. Table 1 below provides demographic information about the North Sound Medicaid population at the regional and county level.

Table 1. North Sound Medicaid Population Demographics by Region and County, Washington State Health Care Authority, April 2018 - March 2019.

	North Sound	Island County	San Juan County	Skagit County	Snohomish County	Whatcom County
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total	272,009 (100.0)	14,799 (5.4)	3,609 (1.3)	35,085 (12.9)	163,377 (60.1)	55,139 (20.3)
Age						
0-17	119,227 (43.8)	5,895 (39.8)	1,377 (38.2)	16,513 (47.1)	73,343 (44.9)	22,009 (40.1)
18-64	152,782 (56.2)	8,904 (60.2)	2,232 (61.8)	18,572 (52.9)	90,034 (55.1)	33,040 (59.9)
Race/Ethnicity						
AI/AN	13,473 (4.9)	336 (2.2)	101 (2.8)	1,800 (5.1)	6,494 (4.0)	4,742 (8.6)
Asian	13,481 (5.0)	236 (1.6)	40 (1.1)	420 (1.2)	10,461 (6.4)	2,324 (4.2)
Black	14,488 (5.3)	746 (5.0)	45 (1.2)	580 (1.7)	11,626 (7.1)	1,491 (2.7)
Hispanic	52,615 (19.3)	1,589 (10.7)	460 (12.7)	11,387 (32.5)	29,678 (18.2)	9,501 (17.2)
NH/PI	7,508 (2.8)	573 (3.9)	33 (0.9)	473 (1.3)	5,565 (3.4)	864 (1.6)
Other	35,739 (13.1)	934 (6.3)	277 (7.7)	8,108 (23.1)	20,330 (12.4)	6,090 (11.0)
Unknown	18,310 (6.7)	1,235 (8.3)	286 (7.9)	1,981 (5.6)	11,810 (7.2)	2,998 (5.4)

White	168,647 (62.0)	10,900 (73.7)	2,792 (77.4)	20,909 (59.6)	96,967 (59.4)	37,089 (67.3)
Language						
English	243,560 (89.5)	14,487 (97.9)	3,423 (94.8)	29,806 (85.0)	144,472 (88.4)	51,372 (93.2)
Russian	2,584 (0.9)	-	-	-	2,131 (1.3)	310 (0.6)
Spanish	19,773 (7.3)	-	-	4,852 (13.8)	11,769 (7.2)	2,756 (5.0)
Vietnamese	1,107 (0.4)	-	-	-	965 (0.6)	118 (0.2)
Other	4,985 (1.8)	-	-	268 (0.8)	4,040 (2.5)	583 (1.1)

AI/AN = American Indian/Alaskan Native
NH/PI = Native Hawaiian/Pacific Islander

Methodology

Activity	Process & Methodology
Environmental Scan	The environmental scan is very similar to a literature review. For the purpose of the CSA, staff focused on local and state reports, assessments, and plans that were identified as relevant to transformation work in the North Sound region. Twenty reports and resources were reviewed.
Fully Integrated Managed Care (FIMC) Updates	Staff reviewed the following documents to provide an overview evaluation of FIMC: Semi-Annual Reporting FIMC sections and Interlocal Leadership Structure (ILS) notes.
OHSU Evaluation of Washington State MTP	Each quarter the Oregon Health & Science University (OHSU) Center for Health Systems Effectiveness (CHSE) publishes a rapid-cycle report of evaluation activities for Washington's MTP. For the purpose of the CSA, staff reviewed and summarized relevant information from these reports.

Environmental Scan

An environmental scan is very similar to a literature review. For the purpose of the CSA, staff focused on local and state reports, assessments, and plans that were identified as relevant to transformation work in the North Sound region. The reviewed reports were then sorted into three sections: Community Health Assessments and Community Improvement Plans, statewide ACH Reviews, and workforce reports. Twenty reports and resources were reviewed. The list of items reviewed can be found in Appendix A.

Community Health Assessments and Community Health Improvement Plans

A Community Health Assessment (CHA), also called a Community Health Needs Assessment, is an assessment conducted by local, state, tribal, or hospital systems to identify key health needs using comprehensive data collection in the defined community. CHAs are used to create Community Health Improvement Plans (CHIPs), which outline long-term, systemic efforts to address the needs outlined in the CHA, these are typically updated every three to five years. In 2019, six CHA reports were produced by North Sound ACH partners (five from hospital systems and one from Snohomish Health District), one hospital system released a Community Health Progress Report, and one CHIP report was produced by Swedish Edmonds.

The most commonly cited health concern, noted in all six CHAs and Swedish Edmonds' CHIP, was behavioral health and mental health needs. This included concerns around youth mental health, suicide, and access to behavioral health services. PeaceHealth St. Joseph's hospital noted that "rates of anxiety, depression and suicide ideation are trending worse especially among female, LGBTQ+ and American Indian/Alaskan Native youth." Providence Regional Medical Center in Everett noted concerns around access to mental health services, citing low numbers of mental health care providers, 305 per 100,000 population, and high rates of depression, with adults reporting an average of 5.2 poor mental health days per month. Suicide also arose as a major concern for several communities, with Snohomish County citing 22.5% of 10th graders seriously contemplating suicide in the previous year. Out of the eight plans outlined in Swedish Edmonds' CHIP, two were related to mental health, including working with partners to create a mental health and wellness plan that addressed community education and workforce training and creating an inpatient risk assessment to reduce the risk of suicide.

The next most cited health concern, noted in five of the CHAs, was access to health services. Reports noted the lack of access to behavioral health care providers, primary care providers, and inpatient mental health services as a barrier to health. In Snohomish County, 20.3% of men and 10.3% of women had not had a regular medical checkup in the last two years. Concerns were raised in several reports that the lack of primary care physicians resulted in lower rates of medical access and indicated a need for career development pathways for primary care. Island Hospital's CHA highlighted the need for mental health and behavioral health services in Skagit County, especially for incarcerated individuals and individuals needing inpatient services.

Lack of affordable housing was the third most cited concern, with four CHAs, Swedish

Edmonds' CHIP, and PeaceHealth Community Progress Report all noting this need. PeaceHealth St. Joseph Medical Center's CHA noted the increase of child homelessness and housing insecurity of seniors and low-income families due to "low rates of vacancy, fixed incomes, few affordable housing options and rising rents." The rise in housing insecurity for children and young adults was also noted in east Skagit County by PeaceHealth United General, and in Snohomish County. Providence Regional Medical Center in Everett noted a 92% increase of unsheltered individuals since their previous CHA. In their CHIP, Swedish Edmonds outlined plans to explore fully integrated housing collaborative strategies and transitional housing with housing experts in King and Snohomish County, as well as offer behavioral health, education, and training resources to help transition families to stable housing. In their Community Progress Report, PeaceHealth highlighted their work in Whatcom County with Project Homeless Connect, noting that from 2018 to 2019 they served 16% more guests and the number of guests with children doubled.

Other community health needs noted in the CHAs included substance use disorder and opioid use disorder, oral health, inequities in access and health outcomes, children with special health needs, care coordination, aging populations, workforce shortages, lack of economic opportunity, and childhood obesity.

Workforce Reports

Ten workforce reports, nine from the Center for Health Workforce Studies at the University of Washington and one from the Washington State Office of Financial Management Health Care Research Center, were reviewed for this report. The Center for Health Workforce Studies runs the Washington State Health Workforce Sentinel Network which began in 2016 to collect information on the state's health care workforce. In 2019 health care clinics across the state were surveyed on the workforce needs, Table 2 below outlines the top occupations experiencing exceptionally long vacancies by practice type.

Table 2. Exceptionally Long Vacancies for Washington State Health Care Occupations by Practice Type, 2019 Washington's Health Workforce Sentinel Network Findings, Center for Health Workforce Studies, Washington State.

Practice Type	Top Occupations Experiencing Exceptionally Long Vacancies
Assisted Living Facilities	1. Nursing Assistant 2. Licensed Nurse Practitioner 3. Home Health Aide/Home Care Aide
Behavioral Health/Mental Health/Substance Use Disorder Treatment Facilities	1. Mental Health Counselor 2. Chemical Dependency Counselor 3. Social Worker
Federally Qualified Health Centers	1. Medical Assistant 2. Physician/Surgeon, Dental Assistant, Registered Nurse

	3. Mental Health Counselor
Nursing Homes/Skilled Nursing Facilities	1. Registered Nurse 2. Nursing Assistant 3. Licensed Nurse Practitioner
Small Hospitals	1. Registered Nurse 2. Physician/Surgeon 3. Physical Therapist

As can be seen above, the most commonly listed occupation experiencing exceptionally long vacancies is Registered Nurses, found in three of the five practice types, followed by Nursing Assistant, Mental Health Counselor, Physician/Surgeon, Licensed Nurse Practitioner, and Medical Assistant. For each of the occupations listed, regardless of practice type, the most commonly listed reason for the length of the vacancy was the lack of qualified applicants, ranging from 37% for Chemical Dependency Professionals at behavioral health/mental health/substance use disorder treatment facilities to 75% for physicians/surgeons at small hospitals. The second most commonly listed reason for all occupations across all practice types was issues with salary, wage, or benefits, such as not being able to remain competitive or offer sufficient compensation. This ranged from 13% for physicians and surgeons at small hospitals to 42% for Registered Nurses at Federally Qualified Health Centers.

Several workforce reports reviewed discussed barriers to an adequately staffed health care workforce and potential solutions. One study of barriers to staffing behavioral health positions in Washington State found that the lack of reciprocity and interstate agreements prevented providers from other states practicing and was identified as especially an issue with military spouses and partners who were credentialed in other states. Barriers with the variation in background checks and the lack of equity in how background checks findings were applied was also identified as barriers. As mental health counselors and chemical dependency counselors have consistently been cited as a top occupation experiencing exceptionally long vacancies, solutions could include increasing the opportunities to transfer credentials from other states for providers relocating to Washington and reviewing and aligning background check policies and procedures to increase entry and retention.

Other reports from the Center for Health Workforce Studies highlighted potential solutions for health care occupation vacancies. One study of students studying to be physician assistants found that students who were previously in allied professions, such as Nursing Assistants, Medical Assistants, and Emergency Medical Technicians, were more likely to be interested in primary care positions post-graduation and more likely to be interested in working in rural communities. This indicates that recruiting from allied professions may be an avenue to increase the number of new primary care physicians, especially in rural communities where it is often needed. One report for the Office of Financial Management highlighted some of these concerns around the lack of physicians, especially primary care physicians. While the number of

physicians has increased minimally in recent years, it has been steadily decreasing for pediatrics and overall decreased by 3.6% in the North Sound region from 2017-2018. In fact, only 2 of the five counties in the North Sound region have greater rates of physicians than the state average. (Table 3) Overall, for primary care physicians, the North Sound region performs slightly worse than the state average, 86 per 100,000 individuals compared to 90 per 100,000 individuals. Whatcom County has the second highest rate of primary care physicians in the state, 157 per 100,000 individuals, and San Juan County has the second lowest, 22 per 100,000 individuals.

Table 3. 2017-18 Physician Supply Estimates for Washington State, Counties, and Accountable Communities of Health, Office of Financial Management Health Care Research Center, North Sound Region.

Region	Physician Supply (per 100,000 Individuals)
Island County	85
San Juan County	80
Skagit County	270
Snohomish County	173
Whatcom County	341
Washington State	258

Health Care Authority Reports on the Accountable Communities of Health

Two reports on Washington State's Accountable Communities of Health were released in late 2019/early 2020: The *Mid-point Assessment of Accountable Communities of Health* by the Independent Assessor (Myers & Stauffer), and the *Self Sufficiency of Accountable Communities of Health* report released by the HCA. Myers & Stauffer summarized successes and challenges for each of the nine ACHs across the state. For North Sound ACH the following successes were highlighted:

- Regional history of collaboration: While many regional collaboration efforts were underway prior to MTP funding, MTP and the work of the ACH allowed many of these efforts to be replicated or scaled, such as community paramedicine and integrated care.
- Connecting stakeholders: North Sound ACH has provided opportunities for key stakeholders who were not previously communicating to connect.
- Sustainability model: North Sound ACH has built a sustainability model around cross-sector relationship building that stakeholders are invested in.
- Organizational mission, vision, and values: North Sound ACH aligned their MTP work with the organization's mission, vision, and values which allowed for integral work on integrated behavioral health, opioid management, and care coordination.

- **Education on existing services:** North Sound ACH's MTP work helped highlight existing community services and provided opportunities to connect community organizations.

Challenges noted were:

- **Balancing project area focus with Social Determinants of Health (SDOH):** Many of the MTP project areas focus on clinical health needs and the MTP toolkit lacks focus on SDOH and community-based organization.
- **Time:** Both the time that it takes for North Sound ACH partners to implement and scale up MTP work as well as the time it takes to build trust and relationships both with partners and between partners to encourage regional collaboration on this work.
- **Sustainability of funding:** The lack of focus on sustainability in the MTP work is a concern with the impending deadline of the project's funding.
- **Behavioral Health Organization (BHO) transition:** The transition to fully integrated managed care presented a great deal of change for many organizations in the middle of the MTP work. This was especially challenging as many organizations had already invested in new electronic health records (EHRs).
- **Changing performance measures:** The frequently changing specifications for performance measurements presents challenges for data analysis and pay-for-performance funding. In addition, with implementation beginning in year three, it is ambitious to believe that performance metric goals will be met in year five.

The HCA's report, *Self Sufficiency of Accountable Communities of Health*, provided background on the MTP and ACHs and considerations around ACH sustainability post MTP funding. The HCA noted that ACHs had been essential to Medicaid Transformation, including "coalition building, partner convening, providing local context, implementing projects, supporting providers, and being a critical partner in health transformation at the community level," and recognized that concerns around long-term transformation existed post-MTP funding. Potential opportunities for sustaining MTP work post-funding noted by the HCA included:

- **Creating Community Health Funds to pool resources or reinvest in shared savings.** North Sound ACH participates in this through the Opportunity Fund.
- **Acquiring funding from other sources, such as grants and public/private sources.**
- **Develop strategies for shared savings and community reinvestment.** Examples include Pathways HUB projects, partnerships with Managed Care Organizations (MCOs), and data and evaluation strategies.
- **Explore continuing the role as a regional convener.** Continue to facilitate relationships between the clinical and community-based sectors.
- **Build capacity and support providers through resources, training, and technical assistance.**
- **Enhance the capacity for value-based payment arrangements.**

The HCA also noted options for continued funding, such as waiver renewal applications to fund specific effective ACH projects, innovations grants for federal agencies, leveraging value-based

payment models, identifying new public-private partnerships, and innovative state funding such as revenue from public health taxes. The HCA also noted specific plans from individual ACHs for sustainability. North Sound ACH's focus on equity and tribal learning, including making equity an explicit and required portion of partners Change Plans, was noted as a sustainability tactic for this work.

Fully Integrated Managed Care (FIMC) Updates

Fully Integrated Managed Care (FIMC) is Washington State's plan to complete the integration of physical and behavioral health care for Medicaid enrollees state-wide by 2020. The North Sound is considered a "mid-adopter" region, committing to implementing integrated managed care before 2020. The North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) and the behavioral health agencies (BHAs) in the region transitioned to an integrated managed care model beginning January 1, 2019.

North Sound Interlocal Leadership Structure

The North Sound Interlocal Leadership Structure (ILS) provides the structure for the North Sound County Authorities, North Sound BH-ASO, Apple Health MCOs, and the HCA, to coordinate the design and implementation of FIMC in the North Sound region. The North Sound ILS Core Group includes representatives from North Sound ACH and North Sound Tribal Authorities. Part of the ILS role is to implement Early Warning System (EWS) metrics to provide rapid feedback and problem-solving on issues that arise during the FIMC transition. The system begins in January 2020 and after six months will transition to the Healthier Washington Measures Dashboard. In February 2020, the ILS provided baseline data on metrics related to FIMC transition.

Since the FIMC transition, the BH-ASO is responsible for managing crisis hotline services. One metric of the EWS is Crisis Calls, the EWS tracks number of crisis calls, total calls answered, the average time to answer the calls, and the number of calls abandoned. For crisis call services the goal is that calls are answered in less than 30 seconds 90% of the time and that less than 5% of calls are abandoned. Since the FIMC transition, these goals have been met all but one month, September 2019 for time to answer calls and January 2020 for abandoned calls (Table 4).

Table 4. Crisis Call Center Metrics, North Sound Behavioral Health Administrative Services Organization, North Sound Region, January 2019-January 2020.

Month	Crisis Calls (N)	Answered <30 Seconds (%)	Calls Abandoned (%)
January 2019	2,491	92.7	1.8
February 2019	2,133	93.3	1.1
March 2019	2,330	92.9	1.4
April 2019	2,225	94.2	1.1

May 2019	2,487	94.6	0.9
June 2019	2,092	92.9	1.9
July 2019	2,264	92.5	1.3
August 2019	2,223	92.6	1.3
September 2019	2,091	89.2	2.2
October 2019	1,989	90.6	2.3
November 2019	1,880	94.6	2.9
December 2019	2,173	94.8	2.7
January 2020	1,982	95.0	5.1

As the FWS continues in the first six months of 2020 other metrics will continue to be tracked and reported on, such as provider payments, including claims denied and rejected, interpreter services, crisis response time, detentions, and admissions, and bed availability.

Semi-annual Reports FIMC Sections

In both the January and June 2019 Semi-annual Reports (SAR), the HCA asked ACHs to respond to multiple questions on the state of FIMC in their region. North Sound ACH summarized support offered to health care providers in preparation for FIMC transition, including:

- Partnering with the North Sound BH-ASO through the ILS planning group.
- Hiring Xpio Health to conduct readiness assessments of the North Sound BHAs, these assessments contributed to the identification of support requests for the BH-ASO.
- BH-ASO prioritized support for billing and information technology system changes which were forwarded to North Sound ACH.
- BH-ASO and ACH hosted a contracting seminar for BHAs in January 2019.
- North Sound ACH committed to continual assessment of BHA needs and to provide capacity building dollars, technical assistance, and training resources.

The January SAR also expanded on the decision-making process for allocation of FIMC incentives. The North Sound ACH Board of Directors has the authority to make final funding distribution decisions as all ACH earnings are pooled, however the ACH provides recommendations from the ILS structure to the board. The BH-ASO will continue to leverage its relationship with the BHAs to ensure that North Sound ACH has an understanding of BHA needs to continue their capacity to serve Medicaid enrollees.

OHSU Evaluation of Washington State Medicaid Transformation

The Center for Health Systems Effectiveness (CHSE) at Oregon Health & Science University (OHSU) was selected as the independent external evaluator for Washington State's MTP. Each

quarter CHSE releases a "Rapid-Cycle Report" that summarizes their evaluation efforts, and any findings, from the previous quarter. CHSE has released five Rapid-Cycle Reports that were reviewed for this report (September 2018 to September 2019).

The initial Rapid-Cycle Report, released in September 2018, summarized key takeaways from CHSE's initial document review of MTP and ACH materials. Many of the takeaways reflected the vast diversity among the ACHs across the state, including governance structure, approaches to partner engagement, and the use of evidence-based models for MTP work. It was also noted that value-based payments (VBP), workforce, and health information technology (HIT) work was still in the development phase for all ACHs and had not been the primary focus. It was highlighted that different regions of the state are at different phases in relationship building and trust building with partners, which may impact plans to implement health information exchange (HIE) or community information exchange (CIE) policies. North Sound ACH was highlighted in this initial report for its ``unique plan to address health equity, access to care, and quality of care" through Targeted Universalism. It was also noted that North Sound ACH was the only ACH to select all eight project areas.

December 2018 and March 2019's Rapid-Cycle Reports summarized key evaluation efforts underway by CHSE, including key informant interviews with state agency representatives and ACH stakeholders, development of a survey for primary care practices and hospitals, and continued document review. In June 2019, key findings from the state agency stakeholder key informant interviews were shared. Notably, CHSE found that while MCOs were meeting VBP goals, providers, especially those from smaller organizations, were struggling to reach their VBP goals and support would be crucial to meeting set expectations. Another notable finding was that MTP had helped create a "coordinated approach to workforce development" in the state. The establishment of the Washington Health Sentinel Network and Health Workforce Council was provided as an example of this work, providing opportunities to address workforce shortages and enhance training. It was also noted that several other ideas were under consideration to address workforce concerns, such as loan repayment programs, alternative career pathways, and rural health recruitment

The September 2019 Rapid-Cycle Report highlighted the findings from ACH key informant interviews, which had been completed with 49 stakeholders at seven of the nine ACHs. They found that there was a great deal of variation between how the different ACHs had approached project implementation, particularly in whether project areas were being approached as discrete areas of work or whether the project areas were being addressed in a more holistic manner, addressing multiple project areas at once, such as how North Sound ACH has structured its' MTP project areas into initiatives and strategies. It was also noted that there was a wide range in how ACH partners were selected, incentivized, and evaluated. For VBP adoption, it was noted that ACHs had little leverage beyond incentivizing partners to participate in the statewide VBP survey, as was North Sound's approach. Some ACHs had also offered technical assistance and training opportunities for VBP adoption.

While all the ACHs noted that workforce was an important area of focus, most had focused trainings and technical assistance on other areas with future plans for workforce support. It was noted that ACHs committed to project area 2B, Community HUB Model, were addressing some workforce capacity concerns by supporting the expansion of the Community Health Worker (CHW) workforce in their region. Finally, the interviews noted a wide discrepancy in how ACHs were addressing Health Information Technology and Health Information Exchange (HIT/HIE). Some ACHs had chosen to use their MTP funds to invest in tools such as Health Commons Network or Community Information Exchanges (CIEs), these technology platforms allow clinical and social service providers to share patient information tools. Other ACHs had not yet dedicated resources to HIT/HIE tools, some were in the exploratory phase of researching options while others had decided to not invest funding in these platforms regionally.

Conclusions

The reports, resources, and reviews completed in 2019 continue to provide background information to help North Sound ACH shape long-term planning and support for partners. Trends indicating worsening mental and behavioral health outcomes, lack of services and access to care, and housing insecurity continue to be a top priority across the region. Health care workforce shortages also continue to be a major concern. As the top reason for shortages for nearly every profession seems to be a lack of qualified applicants, especially for non-physician health care workers such as Registered Nurses and Medical Assistants, this appears to be an important avenue for ACH advocacy at the statewide level. OHSU's finding that most of the ACHs were still in the planning phases for workforce strategies offers an opportunity to pursue alignment across the state and use the combined voice of all nine ACHs to advocate for policy change around the health care workforce. Other areas where ACHs may align is HIT/HIE systems and VBP support for smaller provider organizations.

Individual evaluations of North Sound ACH indicates that the most successful tactic thus far has been to leverage collaboration and relationship building. This has been seen as an overall success, both by the Independent Assessor and through staff observation and partner communications. However, it was recognized that the short timeline of MTP is a barrier to the trust building that is essential for true collaboration. Another concern was the difficulty many BHAs were having with the FIMC transition. The ILS, and in turn North Sound ACH, should continue to provide technical assistance and support for BHAs as well as monitor for unintended consequences of FIMC, including lost revenue and decreased community services.

Appendix A. Environmental Scan Reports and Resources

Report/Resource	Created by	Region	Date Published
2017-18 Physician Supply Estimates for Washington State, Counties, and Accountable Communities of Health	Washington State Office of Financial Management Health and Care Research Center	Washington State	October 2019
2019-2022 Community Health Needs Assessment	San Juan County	Island County	June 2019
2019-2022 Community Health Needs Assessment	PeaceHealth St Joseph Medical Center	Whatcom County	June 2019
2019-2022 Community Health Needs Assessment	PeaceHealth United General Medical Center	Skagit County	June 2019
Characteristics of Physician Assistant Students Planning to Work in Primary Care: A National Study	University of Washington Center for Health Workforce Studies	United States	October 2019
Community Health Improvement Plan 2019-2021	Swedish Health Services Edmonds Campus	Snohomish County	May 2019
Community Health Needs Assessment - Providence Regional Medical Center Everett	Providence Regional Medical Center Everett	Snohomish County	December 2019
Community Health Needs Assessment Report	Skagit County Public Hospital District No. 2 Island Hospital	Skagit County	December 2019
Community Health Progress	PeaceHealth St Joseph Medical Center	Whatcom County	September 2019
Mid-point Assessment of Accountable Communities of Health	Myers & Stauffer	Washington State	January 2020
Self Sufficiency of Accountable Communities of Health	Washington Health Care Authority	Washington State	December 2019
Snohomish County, WA Community	Snohomish Health	Snohomish	December 2019

Health Assessment 2018	District	County	
State Incentive Programs that Encourage Allied Health Professionals to Provide Care for Rural and Underserved Populations	University of Washington Center for Health Workforce Studies	United States	December 2019
Use of Apprenticeship to Meet Demand for Medical Assistants in the U.S.	University of Washington Center for Health Workforce Studies	United States	September 2019
Washington's Behavioral Health Workforce: Barriers and Solutions	University of Washington Center for Health Workforce Studies	Washington State	December 2019
Washington's Health Workforce Sentinel Network Examples of Findings from Assisted Living Facilities	University of Washington Center for Health Workforce Studies	Washington State	July 2019
Washington's Health Workforce Sentinel Network Examples of Findings from Behavioral/Mental Health and Substance Use Disorder Clinics	University of Washington Center for Health Workforce Studies	Washington State	July 2019
Washington's Health Workforce Sentinel Network Examples of Findings from Federally Qualified Health Centers or Community Clinics	University of Washington Center for Health Workforce Studies	Washington State	July 2019
Washington's Health Workforce Sentinel Network Examples of Findings from Nursing Home or Skilled Nursing Facility	University of Washington Center for Health Workforce Studies	Washington State	July 2019
Washington's Health Workforce Sentinel Network Examples of Findings from Small Hospitals	University of Washington Center for Health Workforce Studies	Washington State	July 2019