

North Sound Accountable Community of Health

Pre-Planning Group Meeting

May 30, 2014

9:00am – 11:00am

Calico Cupboard, Mt. Vernon

ATTENDANCE

Present

1. Cynthia Eichner, SCAHA
2. Joe Valentine, NSMHA
3. Federico Cruz-Uribe, SeaMar
4. Scott Forslund, Sno Co Ldrshp Coalition, Premera
5. Regina Delahunt, Whatcom Co Health Department
6. Dan Murphy, NWRC
7. Keith Higman, Island Co Health Department
8. Ken Stark, Sno Co Human Services
9. Jackie Henderson, Island Co Human Services
10. Laura Luginbill, Island Co Health Department
11. Frank James, San Juan Co Health Department
12. Gary Goldbaum, Snohomish Co Health Department
13. Mark Tompkins, San Juan Co Health Department
14. Larry Thompson, WAHA
15. Connie Davis (for Jennifer), Skagit Valley Hospital

Staff

Elya Moore, Liz Jones

Apologies

1. Jennifer Kingsley

MINUTES

Agenda Topic	Conclusions
1. Welcome and Review Meeting Agenda <ul style="list-style-type: none">All present introduced themselves	
2. Overview of Application Materials <ul style="list-style-type: none">Elya gave an overview of the application- in it we are setting the stage regarding what we are as individual communities and providing the scaffolding of a plan, the evolving governance structure, timeline, and the budget. We also have the inventory of health initiatives, map of public and private entities, and letters of supportLarry shared that the real work is post-January 2015. We will undoubtedly get a planning grant, but what we really want to work towards is one of two pilots. As such, we have tried to approach this as thinking about what we need to do to be competitive for post-JanuaryDan asked for a reminder about the benchmarks. The grant is due today, contracts executed by June 30, the deliverables are due Dec	

<p>31, 2014, and the pilot selection will likely be 1Q 2014. CMS has also recently released applications for 12 State innovation grants</p> <ul style="list-style-type: none"> • Federico asked if the state gets the Innovation grant, will that still limit this to two pilots? This innovation money is likely \$57M, of which \$9M will be for ACHs. The “two” pilots came out of the Health Purchasing legislation 	
<p>3. Discussion of Application</p> <ul style="list-style-type: none"> • Scott shared his key thoughts- his goal is to see transformational health work happen; he thinks the better name would be Accountable Region of Health and that a bottom-up approach is most appropriate; we should be open to outliers (i.e., places where there is not overlap in what we are doing) • Gary thinks that it would be a mistake if what we build is dependent on federal funding- it should be able to succeed with existing health funding. He sees that the real action is at the local level- the regional structure should support the local activities. He also thinks we should think outside the usual boxes to build effective structures for the future, especially where needs are not being met by current structures • Federico shared that the CMO of Providence spoke at SeaMar about the changes taking place in corporate structure in health care- if 25% of patients were <i>not</i> paid for by FFS, it would tip the scales (in SeaMar, 55% of patients are not paid for by FFS). There will also be a \$1 trillion shift of funds in the next decade • Ken raised the idea of leveraging funds that are not typically considered part of health funding (e.g., housing, alcohol and drug funding, etc.). It will be critical to increase transparency in data sharing • Scott suggested the use of “interim operating structure” rather than “governance” and discussing the highest level aims and goals • Dan would like to see the word “alignment” even more than “integration” in the grant • Larry summed the conversation: multiple people want to communicate in the grant that we are coming together for a broader purpose that transcends the grant. It should be clear that regardless of the financing, we intend to partner • Frank shared that regional health planning has happened for decades and failed, so we need to be aware of how to avoid past mistakes. His fear is that we will hurt other efforts such as mental health and rural health if we are not careful. Disease care is not what improves health outcomes. The core values he sees that are essential- facilitate equal opportunities, address health disparities, make sure a broad range of people are at the table (including tribes, minorities, and hospitals) • Elya stated that a lot of the figures and timelines will be reworked as we continue to discuss this, but we need to start with something • Joe asked what decisions do we need to make by 3pm? We need to decide whether we will submit this document as is (or close to as is) • Scott moved to approve the proposal and discuss the project plan and timeline paragraph by paragraph <ul style="list-style-type: none"> ○ Do we mean strategy or initiative? The word “strategy” is taken from the Collective Impact model and means initiative 	<p>Elya will add language in the grant that communicates that we intend to partner irrespective of the grant</p>
<p>4. Next Steps</p>	<p>Group approved use of</p>

- In order to discuss final approval of the proposal, the group took a step back to consider four key elements- facilitator, steering committee, backbone organization, and budget
- Facilitator- Larry gave an overview of the Facilitator role and why we believe it would be useful- a neutral party to convene and make sure all voices are heard and that timelines are met
 - Gary moved to accept this notion of hiring a facilitator
 - No one present is opposed to this idea
- Steering Committee- our language has evolved over time to call the current group the Pre-Planning group. It is somewhat informal, includes enough voices to get this out the door, but needs additional representation going forward. A next phase will be a Steering Committee to guide the planning process- WAHA has envisioned this S.C. as CEO level individuals, but that may not be the appropriate type of person for 7 meetings in 6 months of the S.C. The job of the S.C. is to guide the process of submitting the Regional Plan at the end of the 6 months
 - Gary did not see an Executive Committee defined anywhere other than page 9 and would like clarification on it
 - What is the role of the advisory councils? There is a lot of language in the bill and grant around communities shaping and driving the process. As such, Elya believes that the S.C. should be accountable to some sort of community group
 - Gary thought that community input is critical, but it should be when moving forward with implementation, not in the planning phase
 - Ken agreed with Gary's point and noted that there are already lots of local health assessments and committees to incorporate the community voice. We need to find a way to feed up from existing local community input
 - Joe recommended that if we call together a high level group of decision makers, we should ask the S.C. whether they want an E.C., or if the S.C. wants to carry the workload
 - Dan would also like to see something that synthesizes local community input rather than adding another layer
 - Frank thinks that community advisory council is essential
 - Larry shared that from a WAHA perspective, hospitals should not capture this process, and for WAHA to be involved in planning, it must strongly include the community voice
 - Larry synthesized the conversation: for the planning phase we want a S.C. that is inclusive of the decision makers (i.e., CEO-level people), and we will make it their decision as to whether they want to meet 7 times or create an E.C. structure to do the work. On the question of community involvement, all feel it is essential and important, and it needs to be captured in the grant, and is part of what we will work on to make the process as effective as possible. One of guiding principles will be to use as much of existing structures as possible for community involvement
 - Gary added that a significant part of the S.C. should be community members, rather than creating a separate committee with veto power. This will simplify and streamline
 - Dan said that the goal is to shift the paradigm, and there are

Facilitator in Planning process

Group approved one single Steering Committee that is inclusive of community voice

Group approved WAHA as backbone organization for the Planning process

Group approved the idea of the \$47,000 above and beyond the \$50,000 of the planning grant

Ken, Federico, and Scott will look into funding options

All present agreed to approve submission of the grant

Joe, Dan, and Regina will serve as the panel to vet and select the Facilitator

multiple ways to structure 'governance' that will accomplish this

- Backbone- Gary moved to vote WAHA as backbone organization for the planning, Scott seconded
 - All approved
- Budget- The total budget is nearly \$100,000- is the group willing to raise the shortfall?
 - Scott would like the WAHA time to be separated in the grant budget between the standard "in-kind" time that any participating organization would contribute, versus WAHA staff time as the backbone organization
 - Larry stated that some of the major systems, health plans, and political jurisdictions should contribute, in proportion to scale
 - Gary said that he is concerned about asking hospitals for large contributions, lest they think it means they get some sort of veto power or "ownership"
 - Larry would simply like to have general agreement that this budget is reasonable and all will commit to helping raise it
 - Ken stated that as more people come into this process, the load should be distributed more broadly
 - Keith stated that he thinks these are real costs for the work, and for this to be deployed, we need to mobilize the funds. Keith and Jackie committed to participate in whatever way they can to mobilize funds in Island
 - Dan, Joe, and Ken said they are willing to investigate options for government funds
 - Who is willing to look at funding options? Ken, Scott, and Federico volunteered
 - We need to be clear about what exactly we are buying with the funds
 - Larry asked if anyone is not ready to ascribe to the financial plan? No
- Group returned to the main motion to approve submission of document with edits as discussed
 - All present approved the motion
- Who would like to select and vet Facilitator? Joe, Dan, and Regina

5. Adjourn