

North Sound Accountable Community of Health

Governing Body Retreat Minutes

April 10, 2015: 3pm – 5pm

Best Western Inn Convention Center

MINUTES

Present	Present	Apologies
Joe Valentine, Chair	Justin Iwasaki	Jason Smith
Tim Key	Scott Forslund	Bob Burden
Robin Fenn	David Jefferson	David Kincheloe
John Stephens	Staff	Gary Goldbaum
Don Wick	Elya Moore	Suzanne Pak
Chris Phillips	Lee Che Leong	Barbara LaBrash
Federico Cruz-Uribe	Veronica Smith	Debra Lancaster
Greg Winter	Guests	Glenn Puckett
John Miller, Upper Skagit	Alan Fisher, UHC	Linda Gipson
Stephen Gockley	Jennifer Johnson, Skagit County	Carl Bruner
Linda McCarthy	Loralie Gray, Ed. Dist. 189	Keith Higman
Regina Delahunt	Monica Burke, COGH	Connie Davis
Kim Williams	Sheila Rhodes, COGH	
Dan Murphy	Sybil Hyppolite, SEIU 1199	
Larry Thompson	Andrew Nelson, Molina	
Erin Hafer	Rena Reilly, Molina	

Topic	Outcome
<p>1. Welcome and Review Meeting Agenda</p> <ul style="list-style-type: none"> • Today's agenda and minutes from the 2/13/2015 Governing Body meeting were approved • Motion was made, seconded and passed to approve the Consent Agenda. None were opposed. • Joe noted that we need additional committee members on the Communications and Engagement Committee. • Site visit went well and we are on track for our designation as an ACH. Changes made in the CASE Charter are acceptable to the HCA, and they understand the need to slow down a little. • CASE workgroup to focus on relationship-building and to figure out exactly what we want to do together. Drivers for the CASE initiative need to come from the group as a whole and we submitted an amendment to our contract to HCA, which was accepted. Health Innovation Leadership Network Meeting (HILN): this morning HCA pulled together 50 leaders from health, social services, education and the state that HCA to help inform the Healthier Washington initiative. 	<p>Decision: Today's agenda and minutes approved.</p> <p>Consent agenda approved.</p>
<p>2. CASE update</p> <ul style="list-style-type: none"> • Robin introduced Veronica Smith (WAHA staff) to the group. • Robin reviewed the changes in the CASE timeline and deliverables. June deliverables are now: an inventory of care programs and a report on lessons learned, including how we are using technology, sharing data and communicating with each other. We need to coordinate with each other and share information in order to meet the needs of clients and consumers while maintaining our own identities. We have surveys from 51 programs at 17 different organizations at this time. CASE Workgroup is tasked with sharing survey to professional colleagues to get a more comprehensive sense of what is going on in our region • Financial savings deliverable by the June 30 deadline is off the table per HCA • Currently do not know how many patient encounter overlaps we have in our communities (same 	<p>Discussion Summary</p> <p><i>CASE deliverables have been modified (with the approval of the HCA) to an inventory of care programs and a report of lessons learned during the</i></p>

<p>patients, multiple care system).</p> <ul style="list-style-type: none"> • There are multiple mandates placed on different groups to track and monitor the same data elements (add this to lessons learned). • Survey is the start, not the end. Find duplications, identify underserved. Group will be able to identify areas for deeper dives. Creating a 'parking lot of issues' • Eventually, will get recommendations to HCA but not by June. • Governing body will review and approve CASE work products before delivery to HCA 	<p><i>pilot project.</i></p> <p><i>Recommendations out of this Pilot will be an internal deliverable, to the governing body.</i></p>
<p>3. North Sound Decision Making Process</p> <ul style="list-style-type: none"> • Background: We had not had the opportunity as a governing body to talk through Medicaid purchasing issues. Attempted to delegate this to the ISC via two meetings and the governing body via e-mail. • Discussion paper circulated by HCA December 2014, unclear that we should be commenting. Learned HCA would release Early Adopter Contract at the end of March and recognized that we need to get our comments in quickly. ISC returned feedback, sent to the governing body as a whole; 22 of 33 responded. It was decided that the vote was sufficient to approve this document and send it to the state on 3/31. • John S: there are special provisions in the ACA that apply only to native people that they are not required to be a part of capitated care. Tribes can get waivers from Medicare. The language in the state law has not been approved by CMS. Early adopter language is not allowed by federal law from a tribal perspective. Tribes chose not to weigh in because there are much more significant, broader issues to be addressed. • The relevance for us is our own governance process. We have to be more intentional about how we include the voice of the Tribal nations in our governance. • ACH has to have a real, substantial and meaningful role in advising the state. Should this be along a continuum? There are divergent opinions about this. • HCA's timelines are too ambitious – need to push back on HCA. Also, dialogue by email is difficult to manage. • Not all health plans got the e-mail attachment as caucus process was not yet ironed out. • Right now the ACH is not an elected body or a formally representative body. We interface w/ other entities and not supplant them. Everyone appreciates the speed in which the team tries to complete tasks and hopes we use the question of 'role' to build trust and build relationships that let us work better together later. • This process assumed that we had to give one response back in our recommendations. A question of this complexity may not lend itself to one response, perhaps better to have an array of responses reflecting diverse viewpoints • These things are horribly complex and we have to do a lot of learning before we can comment on these questions. Especially for the members from outside health care. • Scott F: 4 people e-mailed privately that they wanted me to carry their proxy today • Communication and engagement (C&E) committee decided to engage existing groups in the conversation rather than try to push information out. • Clarify the HCA's reasoning to their timelines so we can find our pressure points so we can address these issues corporately. • Federico, Elya and Lee Che will attend an ACH convening coordinated by the HCA on April 30th. Veronica is reviewing the Early Adopter RFP for ACH cross-over. HCA wants to use the ACH's to review and comment on proposals. 	<p>Discussion Summary</p> <p><i>The conversation centered on the need for the development of trust and the sentiment that decisions on key policy issues must be supported by meaningful discussion.</i></p> <p><i>Governance is a work-in-progress.</i></p> <p><i>Some gaps in our by-laws need to be addressed.</i></p> <p><i>The HCA relationship to the Tribes needs further discussion.</i></p> <p><i>The North Sound ACH governing body needs to devote some time to think about our role in regional health transformation.</i></p>
<p>4. What is the role of the North Sound ACH?</p> <ul style="list-style-type: none"> • As one of our deliverables to the HCA, we need to make recommendations to the state as to the role of the North Sound ACH. Staff has prepared a discussion paper. Please identify three things that you think should be the role of the NSACH. Please review Attachment C in your packet. Items in 'green' are partnering/leading transformation roles, items in 'orange' are convening/stakeholder roles. • Can we rank the list of items from 2572 and see where the energy level is? 	<p>Discussion Summary:</p> <p><i>Governing Board discussed the document prepared by staff and shared</i></p>

<ul style="list-style-type: none"> • The state has grandiose ideas; we need to know what you think. • 'Trust' has come up multiple times in the conversation today • "I could be at the table because I 'don't trust'. That is the piece about the vote that worried me. Don't want this to lobby each other to think like we thought, more than doing great things to benefit the health of the community." • Do not let HCA drive our role: responding to HCAs vs. building trust and gaining alignment. • NSACH is a multi-year process; we are accountable to 5 counties for the Triple Aim plus access. We need monitoring, data analytics, reporting how we are actually doing. • Please write down three things on the cards that we have a passion for and want to do. Staff will collect and provide a report back, looking for themes. 	<p><i>their concern that the HCA's expectations are not clearly defined. Written feedback was solicited and will be organized and distributed for discussion.</i></p>
<p>5. Steering Committee Selection</p> <ul style="list-style-type: none"> • Joe: Role of the ISC: please note the use of the work 'interim'. <ul style="list-style-type: none"> ◦ What is the role of the steering committee in the governing body? ◦ We need more broad sector representation on the ISC • This is not a mini-governing body; not representative of all sectors; intended to support the decisions of the governing body. Not making policy decisions. Making operational decisions. • For the future, we need to explore how we add members and replace members on this committee. • More transparency on Interim Steering meetings would be appreciated. • Why aren't we forming the SC now? Agree w/ recommendations, but it still seems like the SC is not broad based enough. . • By-law changes to be addressed at June meeting. At some point, a group becomes too large. SC not intended to be a decision-making body, but a support body to the governing body. • Major task is framing issues for the governing body. • Would like to know what the agenda is going into the meeting and that comments are solicited go back to the governing body, would create more transparency. • Staff has created DropBox, any of the governing body can access. • Ken was asked to remain through the end of the pilot period. • What if the steering committee were 75% NOT health care? If we are intending to bring fresh light into the room, who is framing issues? • Why don't we cut to the chase and let the ISC ride out the last 2.5 months and work on how we want to populate the on-going SC after the pilot is complete. • A small group can be formed of people not currently on the steering committee to develop recommendations for structure of group, member selection & proportions. • Not the sector that should be primary for election to steering committee, but the ability to think outside the box and across sectors. • Need the perception that we are representing a broad spectrum. • Agreement that the steering committee is not the voting body. 	<p>Decision</p> <p>Volunteers will be solicited via e-mail to form a workgroup that will decide how Steering Committee members will be selected. Members of this workgroup cannot currently serve on the ISC</p> <p>It was noted by some of the hospital members on the governing body that the firewalls in their IT systems do not allow programs such as Dropbox.</p>
<p>6. Sustainability</p> <ul style="list-style-type: none"> • Larry framed the conversation regarding the sustainability of the North Sound ACH by reviewing its role, as defined by the HCA grant. Options for financial resources were reviewed, as were future considerations. • We need to create a value proposition for the ACH • Volunteers to work with staff to put together a recommendation or plan for the governing body in June. • Sustain 'what'? It would be easier to do all this if we weren't all worried about picking each other's pockets • We need to push back on the HCA; they need to fund our efforts. • SIM \$ is quite small for ACH's. Seems like the HCA undervalued ACH's initially, but now that are more essential 	<p>Decision</p> <p>Volunteers will be solicited to form a committee that will come up with a recommendation for the Governing Body in June re. ACH sustainability given HCA's expectations and the ACH's goals.</p>

<p>7. Request to Switch At-Large Member</p> <ul style="list-style-type: none"> • HCA will request that a member of each County's government be represented on the Governing Body. Interim Steering Committee recommends replacing David Jefferson with Jennifer Johnson from Skagit County. • David indicated that he was working for the Population Health Trust as the rebirth of SCAHA as an employee of Skagit County. 	<p>Decision</p> <p>Jennifer Johnson will replace David Jefferson on the Governing Body.</p>
<p>8. Public Comment Period</p> <ul style="list-style-type: none"> • Two members of the Community Organizing Group for Health offered the Governing Body a survey tool they have developed with the North Sound ACH. 	<p><i>Joe thanked them for their offer; staff will follow up.</i></p>
<p>9. Next Steps: Mark calendars for next meetings</p> <ul style="list-style-type: none"> ➤ Governing Body: June 12 from 10 to 1pm ➤ Dropbox for future agendas was discussed; staff will research options that will be compatible with corporate IT firewalls. ➤ Staff will e-mail for volunteers for Communications and Engagement Committee, Sustainability workgroup and Steering Committee workgroup. 	<p>Action Agree to respond to email to sign up for committees</p>
<p>10. Adjourn</p>	