North Sound Accountable Community of Health (ACH)
Organizing Committee Meeting Minutes
October 31, 2014
10:00am-1:00pm
Approved December 1, 2014

Attendance

Present	Present	Apologies
David Kincheloe	Gary Goldbaum	Kim Williams
Glenn Puckett	Joe Valentine	David Jefferson
Larry Thompson	Debra Lancaster	Erin Hafer
Barbara LaBrash	Don Wick	J. Scott Hale
Federico Cruz-Uribe	Dan Murphy	Connie Davis
Bob Burden	Chris Phillips	Scott Forslund
Linda McCarthy		Linda Gipson
Carl Bruner		Keith Higman
Greg Winter	**Staff**	
Ken Stark	Jim Reid	**Guests**
Stephen Gockley	Elya Moore	Becky Bendixen, NWRC
Regina Delahunt	Lee Che Leong	Kate Paris, United Health Care

Quote of the day
"*It is obvious that your business is exceedingly complex*" – Carl Bruner, Superintendent, Mt. Vernon Schools

Executive Summary

At this meeting the Organizing Committee reached consensus that:

1. Beginning in January 2015 the Organizing Committee will become the NSACH governing body. In time it will be expanded to include representatives of such entities as health plans, Tribal Nations, business groups, and Fire Districts and EMS agencies.
2. The NSACH itself will be a larger collection of organizations and entities in the five-county area than the governing body.
3. The NSACH governing body will also appoint a Steering Committee. Because of the work that must be done before 31 December 2014 to produce a NSACH proposal to submit to the State, an Interim Steering Committee was authorized and its members selected.
4. WAHA will serve as the administrative agent for the NSACH at least through 2015.
5. To ensure that it remains accountable to the community---both the general public and key stakeholders in healthcare — the NSACH aims to be a network of all community players that can influence health. It will connect these players and the public to ensure that the region's Common Agenda is successful.
6. The short-term initiative that will be recommended in the NSACH proposal to the state will be a coordinating center for regional case management activities.

Agenda Topic & Discussion	Decisions & Agreements

1. Welcome
• Review agenda and minutes from 10/3/2014 meeting
• HCA site visit update
   o 100K-150K for pilot projects
   o Looking for leveraged funds
   o Stress to the state: funds need to be expanded this year
	Action: Approved agenda and approve minutes with changes:
	   o 5 and 6 are out of order
	   o Pregnancy prevention is a longer term initiative, not just health education

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2. Structure Task Force Deliverables: Recommendation for NSACH structure, administrative organization, and community accountability (NOTE: We merged two agenda items in this conversation) - Memo summary: change " with few changes" to "with needed expansion to better represent all stakeholders within the first 6 months" including health plans, fire districts or EMS, Tribal Nations, and business - At some point, make clear what the Steering Committee is responsible for verses the larger governing body - Change the language to reflect the North Sound ACH is the entire 5 region area, not just the governing body - Edit recommendation 3 to reflect expanding circles of accountability and the bubbling up - Clearly state "what" the NSACH governing board is. For example: We're a network of stakeholders who have an influence on health - A possible tagline for the North Sound ACH: a network to make connections to make the regional agenda successful - How are we going to make sure that we are doing what people want and ensure that they participate? How do we communicate regularly? - We cannot communicate to everyone. We must tap into and support existing strategies, such as the development of the community health assessments and improvement plans. The question is: How do we do this in an unfiltered way? - How do issues emerge from local community to governing body? - As an example: Snohomish health and human services has gotten a lot of questions from community asking how they access mental health services? RSN Had a MH 101 event yesterday with a panel of the 5 apple health plans. Example of just one community issue for this body to get behind. - Organizing Committee reviewed and discussed a paper submitted by the Structure Task Force on maintaining the NSACH's accountability to the community, both the general public and key stakeholders in healthcare. - Committee members reiterated that support for the NSACH must come from the grassroots or "bubble up" from local communities and local health organizations. - To ensure accountability, the NSACH should be a network of all the community players that can influence health. And NSACH should bring the parties together or make the connections between them that will help ensure success for the regional or "common" agenda. - The connections that help maintain the NSACH's accountability will be both formal and informal. Examples of formal relationships are the NSACH's membership, the Common Agenda, the NSACH's collaboration with governmental or quasi-governmental organizations, and community workshops or forums for educating citizens and soliciting advice and guidance from them. Its informal relationships will be contacts and contracts with local associations and coalitions, and conversations between the NSACH governing body members and citizens and representatives of local entities and organizations. Formal connections or relationships can be thought of as the "filtered" voice of the community, while informal communications are its "unfiltered" voice. - How do we handle the issue of "accountability without authority"?	**Action:** Approved Structure Task Force Charter **Action:** Merge governance and community accountability memos into one single recommendation for NSACH governance Revise document according to OC discussion: - Clarify that the NSACH governing body is not the same as the entire NSACH, which is much broader - Clarify that the formalization and expansion of the governing body will be phased-in over first months Circulate revised memo via email for OC approval
3. Communications Task Force Recommendation - The Organizing Committee approved the Communications Task Force proposal to allow the Task Force to reconvene in November to develop a Communications plan tailored to the initiative(s) selected. - The Organizing Committee added the additional task for create a tagline for the North Sound ACH	**Action**: Approve Communications Task Force Recommendation. Charged the Communications Task Force with an additional deliverable: 1. Define the NSACH 2. Create a NSACH tagline

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5. Break	
4. North Sound Initiatives Recommendation	**Action:** Organizing Committee approved direction of NSACH initiative recommendation by staff for a coordinating center for regional case management activities, while also building in other ongoing regional activities such as enrollment in insurance.
• The data for Healthy Homes isn't currently available. WAHA staff signed an NDA and reviewed preliminary results. Suggest including this as a referral source for low income families identified through the North Sound region's high utilizer programs.	
• Given the budget guidance and after staff conversations, there isn't enough money to hire even one case manager	
• We can use funds to provide coordination, technical assistance and data support to align case management efforts, show short term results, and lay groundwork for future transformation	
• How do we get the systems to work together within the systems we already have?	**Consensus**: Provided WAHA staff with clear direction forward to further refine case management initiative, budget, and data collection under the direction of a newly appointed interim steering committee. Charge staff with getting clearer on the work plan deliverables.
• Change the name of the initiative. Suggestion: "case management performance collaborative" not "learning"	
• Participants in the collaborative must agree to align certain operations to allow for measurement of cost savings in the first 6 months	
• State Health Home Program is a federal and state commitment to Medicaid state plan project. We must acknowledge their contributions as a foundational piece of whatever we create.	
• Turn a "6 month project" into proposal for a multimillion $ investment	**Action**: Empanel Interim Steering Committee (ISC) and Initiative (including Data and Budget) for November and December:
• HCA wants matching funds straight out of the gates, but we should reframe this. We can demonstrate return on investment and partner with health plans for ongoing support We could not get this kind of commitment until after we showed savings for the health plans	
• HCA has already authorized health plans to provide case management for high utilizers	
• The State Health Home Program must be addressed. The State has already invested heavily in this program. We can build our protocols around it.	Dan Murphy Ken Stark Joe Valentine Larry Thompson Federico Uribe-Cruz Bob Burden Erin Hafer
• HCA should be enthusiastic to take existing programs (such as the State Health Home Program) and enhance process deliverables through monitoring to build better best practices.	
• Be clear on our deliverable in 6 months. Getting data sharing agreements could take more than 6 months. We should carefully scope our work and identify specific outputs, such as a protocol for regional high utilizer case management. Perhaps a focus on people coming in and out of the jails.	**Action**: Bring in other OC members for consulting in creating data collection and analysis plan (David Jefferson, David Kincheloe, Gary Goldbaum), and NSACH budget. Other OC members available for consulting: Greg Winter (for issues related to housing) and Chris Phillips (for issues related to hospitals).
• Change in grid "Molina and fire districts <u>using existing funding</u>"	
• SeaMar is putting together a system for case management for 1000 high utilizers in 3 counties	
• There are Medicaid plans spending well over $1K/case to get keep people out of the hospital	
• We have to draw in the health plans into our initiative development and eventually, our implementation and sustainability. If we could get 1 or 2 more health plans to sign on, that would be a win.	
• 4 & 5 are in the direction of deliverables, Bullets could be interwoven into the numbered points above.	
• We need to get more specific about our deliverable	
• Another deliverable could be referral protocols for high utilizers to existing resources and programs.	
• Community para-medicine is a perfect opportunity for standardization: Snohomish for 1 year, Whatcom started in October	
• We can learn what works from what we are currently doing and share best practices.	**Consensus**: Including health plan input in the development of
• We need a plan B for how we're going to do this w/o data sharing agreements.	

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Getting people around the table to identify duplication would be a win. As would agreement on sharing aggregate-level measures. • We should not spend resources on developing data systems since that's the state's focus and the NSACH can piggy back off of this. • Note that EDIE seems to have a lot of energy from health plans, hospitals and FQHCs as a common thread for identifying high utilizers. • We cannot lose track of our commitment to re-invest money into long term prevention	the initiative work plan is essential.
5. Community Engagement Update • San Juan October 23rd: ~60 attended, confirmed bi-directional need • Whatcom October 28th: ~35 attended including 3 Spanish speakers and both David Kincheloe and Stephen Gockley • Upcoming: Skagit (November 4th) and Island (November 6th) • Snohomish date December 1st	**Information:** Update on Community Engagement
8. Public Comment Period • Appreciate acknowledgement of need for evolution • Think about how to engage managed care entities • King county doing a jail involved deep dive • San Juan would like to be part of EMS conversation	
9. Adjourn	

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