

# North Sound Accountable Community of Health

## Governing Body Meeting

July 15, 2015: 11am – 1pm

Skagit Station Meeting Room

### MINUTES

Present	Present	Apologies
Joe Valentine, Chair	Justin Iwasaki, MD	Carl Bruner
Gary Goldbaum, MD, Vice Chair	Stephen Gockley, JD	Jason Smith (service)
Federico Cruz-Uribe, MD	John Miller, Skagit Indian Nation	Bob Burden
Robin Fenn, PhD	Debra Lancaster	Glenn Puckett
Tim Key	Barbara LaBrash	Marilyn Scott
Linda Gipson, PhD	Scott Forslund	Keith Higman
David Kincheloe, PhD	Dan Murphy 11:09	John Stephens
Jennifer Johnson	Chris Phillips 11:45	
Linda McCarthy		
Kim Williams	<b>Staff</b>	<b>Guests</b>
Erin Hafer	Elya Moore, PhD	Craig Nolte, Federal Reserve
Greg Winter	Lee Che Leong	Allan Fisher, UHC
Larry Thompson	Veronica Smith	Caitlin Safford, Coordinated Care
Connie Davis, MD	Tiffany Kinsman	Lee Thornhill, King County
Suzanne Pak	Jordan Storey	Laurel Lee, Molina
Regina Delahunt		Alisha Fehrenbacher, WAHA

Topic	Action & Summary
<p><b>1. Welcome and review</b></p> <ul style="list-style-type: none"> <li>• Went over and review of RHNI page</li> <li>• Motion was made, seconded and the agenda, consent agenda and minutes were unanimously approved</li> </ul>	<p><b>Actions:</b></p> <p>Agenda approved Minutes approved Consent agenda approved</p>
<p><b>2. Global 1115 Waiver Overview</b></p> <ul style="list-style-type: none"> <li>• Proposed timeline -- <i>subject to change</i></li> <li>• DSRIP Roundup: “what other states are doing” webinar had minor interest</li> <li>• Optional August 21<sup>st</sup> Governing Body meeting to ask ACH questions were discussed</li> <li>• Asked entire global waiver team to attend August 21<sup>st</sup> meeting</li> <li>• Value in GB group list of questions/concerns for 23<sup>rd</sup> meeting: put list on canvas. Goal will be to hit 4 to 5 key issues to make sure they are the focus for the August 21<sup>st</sup> meeting.</li> </ul>	<p><b>Next Steps:</b></p> <p>Aug 21<sup>st</sup> optional NSACH meeting with HCA on Webinar</p> <p>Snohomish meeting Aug 3<sup>rd</sup></p> <p>Webinar to go over “what other states are going” to be scheduled</p> <p>Will share list of concerns for Aug 21<sup>st</sup> meeting on Canvas</p>
<p><b>3. Contract Extension Highlights &amp; Moving Forward</b></p> <ul style="list-style-type: none"> <li>• Review contract summary: importance of an “Early Win” discussed</li> <li>• Initial action plan is needed for project to be implemented by NSACH</li> <li>• Local investment is key; work together to employ existing resources</li> <li>• ACH, Medicare and Medicaid: we need to have long term goals and short term goals.</li> <li>• Assure CMS that we can work together and return on investment.</li> <li>• Goal is to bend the cost curve for the future</li> <li>• Insist on investment that we will get returns down the road is important</li> <li>• Concerns of funding regarding any project came up many times</li> <li>• Go over funding with steering committee then the board</li> <li>• Work on timeline that allows us to be successful; must set date for when we need funding to be shown -- maybe as soon as September</li> </ul>	<p><b>Information and Discussion</b></p>

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<ul style="list-style-type: none"> <li>• We need to make investments at this level</li> <li>• If HCA is really committed then they need to invest as well</li> </ul>	
<p><b>4. Possible projects for the North Sound ACH?</b></p> <p><u>Things to consider when picking a project on:</u></p> <ul style="list-style-type: none"> <li>• Include sustainability: what is the likelihood to get local resources?</li> <li>• Pick one and make sure we can do it well. We can add more projects in the future</li> <li>• These topics are not mutually exclusive they can overlap</li> <li>• Take what is already out there and build on it. There will be existing investments already. Use this to leverage more investments</li> <li>• Really get at upstream prevention, long term impact</li> <li>• Project should be <b>scalable</b> to a larger population: incremented and geographically spread in order to have short and long term pieces.</li> <li>• Project should be <b>measurable</b></li> <li>• Don't think only short term</li> <li>• Remember our community is 5 counties</li> </ul> <p><u>Five breakout topics to identify projects within each category:</u></p> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>○ Increase referrals from primary care</li> <li>○ Telemedicine</li> <li>○ Team consultation</li> <li>○ More behavioral resources for referrals</li> </ul> <p><b>Care Management</b></p> <ul style="list-style-type: none"> <li>○ Look at the whole system how do we make sure everyone coordinates</li> <li>○ One stop care coordination</li> </ul> <p><b>Prevention &amp; Health Equity</b></p> <ul style="list-style-type: none"> <li>○ LARC - Reducing unintended pregnancy by giving long acting reversible contraception in primary care</li> <li>○ Case management as part of prenatal care</li> </ul> <p><b>Dental</b></p> <ul style="list-style-type: none"> <li>○ Dental/primary care integration diabetics and adults in particular: Structured paths for referrals and identify ROI</li> <li>○ Planning project integrated funding going from fee for service to managed care model.</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>○ Capacity building around supportive housing -- designed to align with global waiver (Medicaid eligible) Standardize support package. Identify local investments. Eventually "Housing Rx"</li> </ul>	<p><b>Next Steps:</b></p> <p>Put list on canvas</p> <p>Vote for project September meeting</p>
<p><b>5. CASE: after the pilot period</b></p> <ul style="list-style-type: none"> <li>• A direction for CASE was discussed             <ul style="list-style-type: none"> <li>• Advisory group vs. learning lab vs. projects</li> <li>• List of problems that are being seen as well as a model to solve them</li> </ul> </li> <li>• CASE is in its infancy; it has plenty of time to grow and needs to continue as a group</li> <li>• Would like a succinct and clear description of the care coordinating problem; with plans and hospitals and others awash in case managers, we need a model and examples</li> </ul>	<p><b>Next Steps:</b></p> <p>CASE will bring a list of projects they may working on in September</p> <p>Webinar to explain what CASE has done?</p>
<p><b>6. Steering Committee Selection</b></p> <ul style="list-style-type: none"> <li>• Governing Body membership change request discussed and approved by consensus</li> <li>• Work Group recommendation was made and approved by consensus</li> <li>• SCSPWG to become Nominating Committee by consensus</li> <li>• Having a "non-professional" member -- not a health care provider -- on the steering committee was suggested: someone with lived experience</li> <li>• Increasing engagement was discussed. No conclusion was made</li> </ul>	<p><b>Actions:</b></p> <p>Governing Body membership change approved</p> <p>Steering Committee recommendation approved</p> <p>Standing Nominating Committee Approved</p>
<p><b>7. Public Comment Period</b></p> <ul style="list-style-type: none"> <li>• <i>No comments</i></li> </ul>	

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<b>8. Executive Session</b> <ul style="list-style-type: none"><li>• Backbone re-affirmation</li></ul>	
<b>9. Next Steps</b> <ul style="list-style-type: none"><li>• Governing Body: Sept 18, Nov 6, Dec 11</li><li>• Please give us feedback via Survey Monkey</li></ul>	<b>Action:</b> Governing Body meetings: 3 hours moving forward
<b>10. Adjourn Governing Body Meeting</b> <ul style="list-style-type: none"><li>○ <i>Optional light lunch and networking with CASE</i></li></ul>	
<b>11. CASE Workgroup Meeting</b> <ul style="list-style-type: none"><li>○ <i>Governing Body members are welcome to attend</i></li></ul>	