

North Sound Accountable Community of Health

Governing Body Meeting

September 18, 2015: 10am – 1pm

Skagit Station Meeting Room

Minutes

| Present | Present | Apologies | Guests |
|-------------------------------|-----------------|--------------------|-----------------------------------|
| Joe Valentine, Chair | Linda McCarthy | Tim Key | Laurel Lee, Molina |
| Gary Goldbaum, MD, Vice Chair | Greg Winter | Regina Delahunt | Caitlin Safford, Coordinated Care |
| Alisha Fehrenbacher | Barbara LaBrash | Justin Iwasaki, MD | Allan Fisher, UHC |
| Erin Hafer | Scott Forslund | Bob Burden | Sue Chance, DSHS |
| Robin Fenn, PhD | Glenn Puckett | Jennifer Johnson | Lorelai Grey, Ed. Dist. 189 |
| Stephen Gockley, JD | Jason Smith | Kim Williams | Kayla Down, HCA |
| David Kincheloe | Carl Bruner | Suzanne Pak | Rose Ness, SI4BH |
| John Miller | Marilyn Scott | Debra Lancaster | Mark Baker, Lifelong |
| Dan Murphy, Treasurer | | John Stephens | Don Wick |
| Federico Cruz-Uribe, MD | Staff | Keith Higman | Jennifer Walton, Skagit |
| Linda Gipson, PhD | Elya Moore, PhD | | |
| Chris Phillips, Secretary | Lee Che Leong | | |
| Connie Davis, MD | Veronica Smith | | |

| Topic | Action |
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| 1. Welcome and review <ul style="list-style-type: none"> Approve agenda Approve minutes | Approve minutes & agenda |
| 2a. Early Wins: Conversation Overview <ul style="list-style-type: none"> Does the North Sound ACH want to be a coordinating entity for the Waiver? There isn't really another structure with the sector diversity around the table Subset of the 2572 common measure set is divided in different ways than we have seen in the past Do they include upstream like unintended pregnancy? HCA: The 26 will not be the end all be all, they are HCA's attempt to reflect what we've heard. The Evaluation team will help ACHs decide. Each ACH will have a different subset but as we haven't rolled out the context, so we will roll out by the end of the month Fiscal responsibility defined as performance risk: if you aren't successful, you wouldn't be eligible for more. Would also need to audit the dollars. If coordinating entity, would have to choose at least 1 from HCA toolkit. Could always spend our own money on our own projects as administrative capacity allows. HCA has asked for an additional \$3 billion over 5 years for 3 initiatives: supportive housing, LTC and ACH toolkit projects HCA is aware that we have needs and that backbone staff have be in conversation. Also, we need to inform the toolkit. The monies from the waiver are Medicaid dollars intended to be spent in a different way. We need to participate in choosing the measures and have enough funding for liabilities | <i>Information</i> |
| 2b. Early Wins: Learning from Oregon's Experience <ul style="list-style-type: none"> Alisha was the founding CEO of Health Matters, set the state CCO model in Oregon <ul style="list-style-type: none"> Created small health plan for uninsured with 90% provider network Brought to life a community health workforce Also, founding member of Central Oregon Health Council CCO utilized Operations Council initially on Behavioral Health integration and expanded to prevention and Social Determinants of Health | Next Step: Will schedule a 2 hour webinar on the Oregon experience |

Administrative Support for the North Sound ACH is provided by



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| <ul style="list-style-type: none"> • Alisha reviewed organizational structure of Health Matters: <ul style="list-style-type: none"> ○ MCOs were on the Board of Directors of 9 to 15 ○ 42 person Ops Council, also Provider Engagement Panel and Community Advisory Council ○ Ops Council would have leads to get the work done; after many iterations with some failures early on this is where most CCOs have landed ○ Ops Council is a heavy lift council that met once or twice a week. • Lessons Learned at Health Matters: <ul style="list-style-type: none"> ○ Some missteps: didn't embed BH early enough ○ Health plans were at the table investing early on ○ Actively engaged financial board that paid 100s of Ks to sit on the board. Had financial agreements in place early on: \$80K check at the end for Health Matters which allowed for upstream investment • Initially only Ops Council, chairs rotated. Board was chosen according to fiscal flow. • Providers, dental, behavioral, social work had to be at the table. • Governor put a tax on the health plans that was earmarked for CCOs • Six month turnaround doesn't allow for long term investment • When money is leaving the system, what are they taxing? Tax on community benefit. • For 2 years worked with St. Charles and thought leaders in Cambridge. | |
| <p>2c. Early Wins: Criteria Conversation</p> <ul style="list-style-type: none"> • Lots of side conversations have started. We must be transparent. • Want to agree to expanded criteria • Vet July 15th projects. Other projects could be proposed within the 5 areas • Proposed translation of existing criteria into specific criteria • NOTE: left and right sides aren't aligned • A pain to do this at the front end but leads to more successful projects • These don't have to be new projects; could bring existing projects under the ACH umbrella. • Need to find a way for public to submit proposals; may not be possible during this timeline. • We can't have criteria without knowing what the measures are • Marilyn served on the performance measures workgroup. From the tribal perspective, the systems the workgroup looked at didn't align with Tribal data; take from systems tribes already report to so as not to duplicate. Lack of tribal data was raised as feedback to the waiver application. Tribes meet with the state in other venues. Also [DIPRA] priorities have another data system. • Tribes still looking at whether to organize a statewide tribal ACH. State is providing funding to AIHC to do more work with all the tribes about what the role of an ACH is so tribes can determine whether they want to participate with existing ACHs or whether they want to establish their own regional forums. NW Tribal Health Board has 5 of 8; Regional Tribal Coordinating Council also meets quarterly. Projects that are a priority of ACH could be shared with those groups • Additional criteria: Can the differential impact on tribes be measured in this project? • We must have an Early Win but we are also committed to long term investments | <p>The GB affirmed its interest in creating more specific criteria for current and future use</p> |
| <p>2d. Early Wins: Next Steps</p> <ul style="list-style-type: none"> • 4 options • Disadvantage 1: move quickly • Disadvantage 2: requires October meeting • Disadvantage 3: SC or GB may not have technical expertise to vet • Disadvantage 4: run out of money • 2 tasks: choose criteria and 2 choose ops council • Contractual obligation? • "Too important to fail" There is no plan B for Coordinating Entities. • Could set up a provisional Operations Council to meet requirements of the waiver | <p>Discussion</p> |
| <p>Break</p> | |

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| <p>2d. Early Wins: Next Steps cont.</p> <ul style="list-style-type: none"> • Take 4th option off the table • Modify Option 3 with a provisional group of GB and others <u>with provisional scope</u> – with permanent structure TBD later • In favor for assigning a workgroup. • October meeting would require quorum? • One ad hoc on interim criteria selection and projects • Define criteria, test July 15th projects, create process for vetting additional project ideas • Committee volunteers: Gary, Federico, Linda M, Dan, Erin, Caitlin* Scott F, Connie, Linda G, Laurel, Joe, Robin* (asterisks indicate member of CASE work group) • Also: should have one tribal representative | <p>Staff will doodle for 1 GB meeting and 2 committee meetings in October</p> |
| <p>3. Budget</p> <ul style="list-style-type: none"> • Current shortfall; projected larger shortfall if hire project management staff • Update next meeting • Move to ask HCA to cover shortfall from maximum budget on the first page with a response by November 4th • Propose listing *example* such as Practice Transformation Hub • Motion was made, by Gary to accept budgets as presented, seconded by Chris. Discussion ensued. Motion amended to reflect approval of full budget option only, seconded and unanimously passed. • Staff directed to draft a letter to the HCA, with signatures by Joe Valentine, Chair and Dan Murphy, Treasurer of the North Sound Accountable Community of Health | <p>Will send letter to HCA signed by Dan requesting coverage of shortfall</p> |
| <p>4. Communications & Engagement</p> <ul style="list-style-type: none"> • Chris Phillips reviewed the Website & Logo • Fix subject verb agreement • Add hyphen in 5-counties • Need to modify site for deaf and blind access • Scalable for mobile devices • Don't have recommendation but should acknowledge participation of Tribes on Governing Body. There's not a similar effort recognizing tribes in other ACHs • Should have acknowledgement of diversity • Increase contrast in typography • Discussion held around changing the name to North Sound Accountable <u>Communit<u>ies</u></u> of Health? • We're trying to collectivize • It's not ready to be sent out; we need to get the big questions correct first • Open to wordsmithing | <p>Informal affirmation of direction: committee should keep working</p> <p>Next Step: "doodle vote" for singular vs plural</p> |
| <p>4. Global Waiver Letter of Support</p> <ul style="list-style-type: none"> • It was requested that the Governing Body approve letter from North Sound Accountable *Community* of Health in support of the Global Waiver • Coordinated Care is submitting a letter of trepidation • A motion was made to approve the letter, as submitted. This motion carried. • The question of trust building was raised, and a subsequent motion to reverse the early decision was made and was passed. • A decision to suspend bylaws and conduct an e-mail vote as to the approval of this letter was made by motion (Scott Forsland), second (Chris Phillips). This motion carried by a 9 to 8 vote with two abstentions. | <p>Actions: approve letter with 3 abstentions (Scott F, Connie and Health Plans)</p> <p>Reverse approval of letter: 9 to 8 with 2 abstentions (David and Alisha)</p> <p>Email vote of</p> |

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| | majority of quorum beginning of next week with 1 week timeframe |
| <p>5. Bylaws</p> <ul style="list-style-type: none"> • Review 1 page summary • Next steps: Canvas discussion and webinar for any questions • Will vote to accept technical amendments at next Governing Body meeting | <p>Next Step: Will schedule webinar to answer questions for approval</p> |
| <p>6. Public Comment Period</p> <p>Rose: should take Chemical Dependency into consideration when projects considered Kayla Down, ACH: Clarified that 26 measures are *ACH* measures, not waiver measures</p> | <p><i>Information</i></p> |
| <p>7. Next Steps</p> <ul style="list-style-type: none"> • Governing Body meetings: Nov 6, Dec 11 • Will send poll regarding 4 hour meeting | <p>Next Step: send Survey Monkey regarding 4 hour meetings</p> |
| <p>8. Adjourn</p> | |