

# North Sound Accountable Community of Health

## Governing Body Meeting

November 6, 2015: 10am – 1pm  
Skagit Station Meeting Room

### Minutes

Present	Present	Apologies	Guests
Joe Valentine	Linda McCarthy	Regina Delahunt	Jay Fathi, Coordinated Care
Gary Goldbaum, MD	Greg Winter	Bob Burden	Laurel Lee, Molina
Alisha Fehrenbacher	Barbara LaBrash	Linda Gipson, PhD	Caitlin Safford, Coordinated Care
Robin Fenn, PhD	Glenn Puckett	Scott Forslund	Elise Reich, Molina
Stephen Gockley, JD	Suzanne Pak	Debra Lancaster	Erin Hertel, CCHE
David Kincheloe	Erin Hafer	Connie Davis, MD	Mark Baker, Lifelong
John Miller	Jennifer Johnson (10:25)	John Stephens	Kayla Down, HCA
Dan Murphy (to 11:35)	Jason Smith (10:30)	Keith Higman	Mark Raaka, Skagit EMS
Federico Cruz-Uribe, MD	Marilyn Scott (11:10)	<b>Staff</b>	David Renteria, SeaMar
Justin Iwasaki, MD	Tim Key (11:20)	Elya Moore, PhD	Ashly Ryals, SeaMar
Chris Phillips		Lee Che Leong	Will Rice, Catholic Cmt. Srvc
Kim Williams		Tiffany Kinsman	

Topic	Actions
<b>1. Welcome (new faces) and review</b> <ul style="list-style-type: none"> <li>Approve agenda</li> <li>Approve minutes with the addition of Laurel, Allan and Erin</li> </ul>	Approve minutes & agenda
<b>2. Early “Wins”: Big Picture vs. Small Picture</b> <ul style="list-style-type: none"> <li>We need to think about the broader context; want to ask whether to step back from choosing a project</li> <li>We’ve build a lot of momentum, we need to move ahead with a project. Strategic considerations and selecting an early win are not mutually exclusive.</li> <li>Having chaired the CASE group and being aware of all the work that has been done. There has been so much momentum and hard work that stepping back would lead to a high level of frustration</li> <li>Having participated in the review project and put in a lot of work, I didn’t think strategically but focused on what we can launch. We can do both.</li> <li>If we challenge the state’s contract there are consequences and those should concern us.</li> <li>I value the project oriented the work done. Not an either or; to the extent we can do both, we should.</li> <li>We have limited resources. Propose asking the HCA for resources to do both.</li> <li>We need to fulfill our contractual obligation.</li> <li>The sentiments are to continue to move ahead and we will need resources we don’t currently have.</li> <li>Until we pick a project and ask the people around the table, we can’t say we don’t have the resources.</li> </ul>	Move ahead with early win selection
<b>3. The Evolving North Sound ACH</b> <ul style="list-style-type: none"> <li>February 2016 board strategy and planning full-day retreat</li> <li>Working Better Together in Snohomish has momentum; we should partner</li> <li>Think of resources in terms of time too; can ask for more money but time is limited</li> <li>It’s hard to imagine how many of the projects proposed wouldn’t fit into long term goals but the focus of the retreat should be what are our long term goals and how should we measure.</li> <li>It would be helpful for the sectors to state what their interests are</li> <li>HCA’s Nathan Johnson indicated the toolkit work group is a few months out</li> <li>Neither the Coordinating Entity workgroup nor the Toolkit workgroup has formed.</li> <li>We may get a year 0 but that will really be 6 to 9 months.</li> <li>If we are to become a more formal entity, we will need more structure. We need a formal person who is officially supporting us and representing us at state meetings.</li> <li>Alisha would like to remove herself as an At-Large member to clarify backbone support and take to the WAHA board a request for an “interim executive director” -- not that we choose the person today but have a conversation about guiding the process. The interim ED would liaise with the state</li> </ul>	1) Accept Alisha’s resignation from the board, 2) have WAHA propose an interim Executive Director, and 3) task staff to work with the steering committee on retreat structure options and email a retreat doodle for early 2016.  Staff to circulate draft Coordinating

<ul style="list-style-type: none"> <li>• We need to figure out which backbone organization and structure before picking a new ED.</li> <li>• Supportive of discussion but it need to include how to fund the discussion.</li> <li>• There's an extreme need to have a point person for negotiation and consistency.</li> <li>• Gary moves, Kim seconds accepting Alisha's resignation from the board and having WAHA propose an interim Executive Director.</li> <li>• Would like to be able to offer WAHA a seat to replace Alisha to be discussed at December's meeting.</li> <li>• Approved without opposition or abstentions.</li> <li>• Staff will work with the Steering Committee to make structure proposals at the retreat</li> <li>• Coordinating Entity conversation: financial functions – or all functions other than decision making -- could be contracted out</li> <li>• Have yet to decide if we want to be a coordinating entity</li> <li>• Recommendation: 1) Elya participates on coordinating entity workgroup, 2) Governing body convenes our own internal task force group to bring forward a recommendation and 3) keep the North Sound ACH informed about the changing environment.</li> <li>• How we draw from the stakeholders raises concerns that muse be addressed.</li> <li>• There isn't a sense on the Governing Board of how conversations are progressing from the Steering Committee. Would want ongoing reports from the work group</li> <li>• Working documents can be on canvas and provide an opportunity to comment.</li> <li>• Will send out proposed charter for Coordinating Entity Work Group and then ask for volunteers</li> <li>• John moves, Barbara seconds, approved without opposition or abstentions.</li> <li>• Tabling Ops Council conversation for now</li> </ul>	<p>Entity charter and call for volunteers.</p> <p>1) Elya to participate on state coordinating entity group, 2) Governing Body convenes internal task force group to develop a recommendation and 3) keep the Governing Body informed about the changing environment.</p>
<p><b>4 Decide on Early Win(s)</b></p> <ul style="list-style-type: none"> <li>• Interim Ops Work Group (IOWG) recommendation: 2 strong possibilities</li> <li>• <b>Care Coordination proposal</b> (Elise Reich, Molina)</li> <li>• Q: Tribal Law Enforcement...most Tribal members exempt from managed care so how would our members connect with this pilot?</li> <li>• Would encourage that you meet with your first responders and discuss how to best do this. There needs to be a tight connection to law enforcement. Once you have your groups together, we have models to share.</li> <li>• Whoever services the EMS in your area wants to meet with you</li> <li>• Tribes can't use local jails. The tribal jails are all the way in Chehalis...</li> <li>• Typically at Molina have 70 to 75 caseload per case manager.</li> <li>• We are hoping to scale across MCOs and counties</li> <li>• Illustrates the challenge and the opportunity of using electronic medical records</li> <li>• There are 10,000 people; we stand the best chance to turning the cost curve if we engage 3,000 and 4,000. The question is how we bring something similar to where these people present</li> <li>• Out of the x high utilizers are identified in Prism, do we know how many utilize EMS?</li> <li>• Intuitive sense is that high EMS usage to get to ED</li> <li>• <b>Prevention proposal</b> (Caitlin Safford, Coordinated Care)</li> <li>• This is great as a transformative and upstream project. Would be great to incorporate STD education for all ages and sexes.</li> <li>• The window for ROI is within SIM</li> <li>• Why do we have to pick one?</li> <li>• Resources are required for both projects.</li> <li>• LARC provider training could be funded by potentially by MCOs or PPFA</li> <li>• DOH is planning on launching an unintended pregnancy prevention project = another potential source.</li> <li>• Much of the work of monitoring falls to WAHA as backbone; are 2 projects possible?</li> <li>• Would need to flesh them out more. For EMS project, there will need to be money for the matchmaking. That could be reasonable. LARC may require more project coordination. If we could get further down the road, we could get more clarity.</li> <li>• We need to select a project that the entire community can get behind, one without controversy.</li> <li>• As a consumer, I don't care about people who find women's reproductive health controversial</li> <li>• Anything worth doing will bring some level of controversy. This is an opportunity to have a conversation. This isn't abortion, it's contraception. It shouldn't be controversial.</li> <li>• Having one deliverable is easier than picking two.</li> <li>• Looking at overtaxed emergency system, care coordination holds more immediate relief in San Juan</li> </ul>	<p>Stakeholders and staff will flesh out both projects with a more clear sense of costs and what it will take to move forward. At December meeting the Governing Body will decide to move one or both forward to the HCA</p>

<ul style="list-style-type: none"> <li>• LARC is a method project – it’s not providing care, training practitioner is transformative. Different players are going to collaborate</li> <li>• Could require that each project build their own infrastructure and evaluate in December</li> <li>• Kim: according to Scott Forsland, 11 to 0 in support EMS, all but 1 opposed LARC.</li> <li>• If Care Coordination requires hiring more case managers, MCOs may not support</li> <li>• Could tell HCA, “this is the project that you should judge us on” even we do both.</li> <li>• Stephen proposes that we charge stakeholders to work with staff to more fully develop so more clear sense of costs and what it will take to move these forward. Would bring to December meeting the fleshed out versions so group could decide to move 1 or both or move forward 1 to the HCA and on both for a final conversation on December 11<sup>th</sup>. Joe seconds; approved without opposition.</li> <li>• Coordinated Care is supportive of both projects</li> </ul>	
<p><b>5. Break</b></p>	
<p><b>6. Budget Update</b></p> <ul style="list-style-type: none"> <li>• Updated budget projection; we are currently minimizing our deficit</li> <li>• Pro bono work from Alisha’s Oregon connections have been helpful in that effort</li> <li>• Pan-ACH budget meeting scheduled in Olympia for November 24</li> <li>• Will also identify in kind donations and items that could be paid for directly</li> </ul>	Update
<p><b>7. Plan for improving Population Health Delegate</b></p> <ul style="list-style-type: none"> <li>• 2 years ago the state convened a group to shape the prevention framework; now the state has initiated 2 workgroups to move forward on a plan to improve population health</li> <li>• Gary is chairing the external workgroup and will include all the ACHs</li> <li>• Likely to require monthly meetings starting in December</li> <li>• Glenn has volunteered group approves without opposition or abstention.</li> <li>• There will also be participation from the Tribes and the MCO</li> </ul>	Selected Glenn as delegate for the North Sound ACH
<p><b>8. Bylaws</b></p> <ul style="list-style-type: none"> <li>• Had offered a webinar for folks who wanted to dive deep</li> <li>• Anticipating additional amendments after the strategic retreat</li> <li>• Parking lot for addition revisions such as Consumers in the Steering Committee</li> <li>• Need to define At Large category as health collaboratives</li> <li>• The bylaws are for governance issues. Policies and procedures would govern the relationship between the North Sound ACH and the administrative organization.</li> <li>• Will draw straws for 1, 2 and 3 year terms in the next phase of governance</li> <li>• MCOs will caucus around 1 vote and commercial plans will caucus around 1 vote.</li> <li>• Technical assistance grant provided clarity around voting by email; 8.8 has a typo</li> <li>• Task the Steering Committee with policies and procedures</li> <li>• Nominating Committee is standing: will be convened as needed such as replacing members.</li> <li>• Page 10 clarifies Steering Committee roles and process for reversing decisions. 10.5</li> <li>• Circulate Steering Committee documents to the Governing Body with more than 1 day notice.</li> <li>• Also should stagger terms of Steering Committee</li> <li>• Move that we postpone the vote; no second.</li> <li>• Move to approve by Robin, Jennifer seconds, approved with David abstaining</li> </ul>	<p>Approve bylaw amendments with typo correction</p> <p>Parking lot: Add requirement for Tribal representation on the Steering Committee and the Nominating Committee</p>
<p><b>9. Public Comment Period</b></p> <ul style="list-style-type: none"> <li>• Erin Hertel of CCHE has been tasked with evaluating the ACHs. The goal is to partner along the way: survey was sent 2 weeks ago; all answers are aggregate and confidential. Results will be shared in a variety of ways, early next year.</li> <li>• At a future meeting will do a AIM update</li> <li>• Marijuana tax: more to come</li> <li>• Healthier WA tribal statewide summit looking at January 29 and February 5</li> <li>• Everett housing summit is Nov 16</li> </ul>	
<p><b>11. Next Steps</b></p> <ul style="list-style-type: none"> <li>• Governing Body: Dec 11 10 am to 1 pm</li> <li>• Nominating Committee and Communications &amp; Engagement Committee to meet in November</li> </ul>	Staff will ask for ideas for retreat
<p><b>10. Adjourn</b></p>	