

# Program Council AGENDA

Date: 9.7.17

Location: 1800 Continental Pl. Mount Vernon, WA 98273

<https://zoom.us/j/350744720>

Dial: +1 408 638 0968

Meeting ID: 350 744 720

## Program Council Members:

Greg Arnold  
Ryan Blackwell  
Siobhan Brown  
Federico Cruz-Uribe, MD  
Connie Davis, MD  
Stephen Gockley, JD  
Carol Gipson  
Linda Gipson  
Bill Henkel  
David Jefferson  
Jennifer Johnson, Chair  
Anji Jorstad

Barbara Juarez  
Jeff Ketchel  
David Kincheloe, PhD  
Barbara LaBrash  
Laurel Lee  
Linda McCarthy  
Chris Phillips, Vice Chair  
Glenn Puckett  
Caitlin Safford  
Tom Sebastian  
Janette Schurman

Janet St. Clair  
Greg Winter  
Laura White  
**Staff Members:**  
Liz Baxter  
Kyle Davidson  
Tiffany Edlin  
Emily Henke (contractor)  
Ross Howell  
Heather McGuinness  
Leah Wainman  
Nicole Willis

| Time    | Topic / discussion points   | Lead             | Desired outcome   | Supporting documents                                    |
|---------|---|------------------|---|---|
| 11:00AM | <ol style="list-style-type: none"> <li>Welcome</li> <li>Agenda review</li> <li>8/3 Minute approval</li> </ol>   | Jennifer Johnson |   | Minutes   |
| 11:15AM | <ol style="list-style-type: none"> <li>Framing                             <ul style="list-style-type: none"> <li>Timeline to date</li> <li>Today's decision and Program Council's role</li> <li>What comes next?</li> </ul> </li> </ol>                            | Liz              | Understand the landscape that today's recommendation fits within                                  | Slide Deck  |
| 11:35AM | <ol style="list-style-type: none"> <li>Earning Implications of scoring/meeting metrics</li> </ol>   | Dan V. or Liz    | Understand how confidence in the metrics will impact our potential earning and funding projection | Slide Deck  |
| 12:00PM | <ol style="list-style-type: none"> <li>Toolkit Project Areas                             <ul style="list-style-type: none"> <li>Knowns and Unknowns</li> <li>Challenges/Opportunities</li> <li>Recommendation from ACH Team</li> <li>Q&amp;A</li> </ul> </li> </ol> | Kyle             |   | Slide Deck<br>Metrics + Crosswalk<br>Criteria Crosswalk |
| 12:20PM | <ol style="list-style-type: none"> <li>Lunch Break</li> </ol>   | Jennifer         |   |   |
| 12:40PM | <ol style="list-style-type: none"> <li>Discussion &amp; Action</li> </ol>   | Jennifer         | Select Project Areas  |   |
| 2:30PM  | <ol style="list-style-type: none"> <li>Next Steps &amp; Wrap Up</li> </ol>  | Chris            |   |   |
| 3:00PM  | <ol style="list-style-type: none"> <li>Adjourn</li> </ol>   | Chris            |   |   |

# Program Council AGENDA

Date: 8.3.17

Location: 1800 Continental Pl. Mount Vernon, WA 98273



Building Healthier Communities  
In Snohomish, Skagit, Island, San Juan & Whatcom Counties

## Program Council Members:

- |                           |                              |                            |
|---------------------------|------------------------------|----------------------------|
| ■ Greg Arnold             | ■ Barbara Juarez             | ■ Janet St. Clair          |
| ■ Ryan Blackwell          | □ Jeff Ketchel               | ■ Greg Winter              |
| ■ Siobhan Brown           | ■ David Kincheloe, PhD       | ■ Laura White              |
| ■ Federico Cruz-Uribe, MD | ■ Barbara LaBrash            | <b>Staff Members:</b>      |
| □ Connie Davis            | ■ Laurel Lee                 | ■ Liz Baxter               |
| ■ Stephen Gockley, JD     | ■ Linda McCarthy             | ■ Kyle Davidson            |
| ■ Carol Gipson            | ■ Chris Phillips, Vice Chair | ■ Tiffany Edlin            |
| ■ Bill Henkel             | ■ Glenn Puckett              | ■ Emily Henke (contractor) |
| ■ David Jefferson         | ■ Caitlin Safford            | ■ Ross Howell              |
| ■ Jennifer Johnson, Chair | ■ Tom Sebastian              | ■ Heather McGuinness       |
| ■ Anji Jorstad            | ■ Janette Schurman           | ■ Leah Wainman             |

| DRAFT minutes   |
|---|
| 1. Welcome & Introductions <ul style="list-style-type: none"><li>Correction to the July 20<sup>th</sup> minutes: Laurel Lee was present</li><li><b>Motion:</b> to approve July 20<sup>th</sup> minutes with correction to attendance, by Greg Winter; Second by Linda. All in favor; no abstentions.<br/><b>Approved.</b></li></ul>   |
| 2. Charter update <ul style="list-style-type: none"><li>Program Council agreed with the charter and provided some group edits.</li><li>2<sup>nd</sup> bullet: address social determinants of health with a whole person approach.</li><li>Particularly want to support those that shift resources to whole person care and the social determinants of health</li><li>Will move forward with final approval of Charter at next meeting—will include true north document approved by the Board</li></ul>  |
| 3. Framing <ul style="list-style-type: none"><li>Liz reviewed the timeline from now until November 16<sup>th</sup>.</li><li>September 7<sup>th</sup> meeting will provide update on models and formal project area proposals.</li><li>The Board will vote on Program Council recommendation of project areas at the September 29<sup>th</sup> meeting.</li><li>Group discussed using the framework document provided as guidelines</li><li>We have a public input plan for September 7<sup>th</sup> through October 31<sup>st</sup>.</li><li>Our single deliverable we need to meet for 2017 is a successful project plan.</li></ul>  |
| 4. Data planning Process/Projects / required and previously decided: <ul style="list-style-type: none"><li>Nicole Willis provided a presentation on Data</li><li>Cannot accomplish the data needs alone; data learning team is in the process of forming</li><li>Improving population health requires both clinical management of individuals in the group, and addressing underlying determinants of health</li><li>Will dive deeper into 125% of poverty level and age breakdown.</li><li>This is the best data we have at this given time. HCA is working to obtain more/better data to share with the ACH's.</li><li>Kyle reviewed the projects we have already agreed upon: Opioid Crisis, Behavioral Health Integration, and Pathways</li></ul> |
| 5. Projects /optional <ul style="list-style-type: none"><li>Heather McGuinness and Ross Howell provided presentations on the 5 additional project areas</li><li>We have a lot of energy and support in the other 5 project areas.</li><li>Group decided to think about <u>both</u> Medicaid lives <u>and</u> Medicaid dollars.</li><li>Group had detailed discussion on how to move forward with each project area and the approval process.</li><li>Have a goal to integrate Chronic Disease into each project area.</li><li>Would like to move forward with all eight project areas and build the infrastructure within other projects to help with capacity issues.</li></ul>  |

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- **Motion:** to approve and move forward with all 8 project areas with the agreement that staff will provide a recommendation on September 7th, by David Kincheloe, second by Greg Winter. 1 Opposition by Jan Schurman, no abstentions, 23 voted in favor. **Approved.**
  - We are continuing to move forward with all 8 project areas for now, with the understanding that some project areas may be combined come submission. Program Council is waiting for more detail from a staff recommendation on September 7<sup>th</sup> for the final decision on project submission areas.
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6. Discussion, wrap-up and next steps
- Staff will come prepared with a recommendation on September 7<sup>th</sup> for the Program Council.
  - Program Council members understand that we will not have all the answers on September 7<sup>th</sup>, and we will have to move forward with some unknowns.
  - We do not want to protect obsolete models or break any models that are working well.
  - Want to ensure the planning dollars do not move out of the planning process. Projects must have strong partners/relationships with the BHO and MCOs.
  - Will extend the next meeting to 4 hours to ensure we have enough time for the project areas.
- Adjourn at 2:59PM**



| <b>Pay for Performance</b>                                    |   | 2A: Bi-directional Integration | 2B: Care Coordination | 2C: Transitional Care | 2D: Diversion Interventions | 3A: Opioids | 3B: Repro/MCH | 3C: Oral Health | 3D: Chronic Disease |
|---|---|--------------------------------|-----------------------|-----------------------|-----------------------------|-------------|---------------|-----------------|---------------------|
| Outpatient Emergency Department Visits per 1000 Member Months | X | X                              | X                     | X                     | X                           | X           | X             | X               | X                   |
| Percent Homeless (Narrow definition)                          |   | X                              | X                     | X                     |                             |             |               |                 |                     |
| Percent Arrested  |   |                                |                       | X                     |                             |             |               |                 |                     |

|    | A   | B  | C  | D  | E  | F  | G  | H  | I | J |  |
|----|---|--|----|----|----|----|----|----|---|---|--|
|    | <h1>North Sound ACH Project Framework Crosswalk</h1>  |  |    |    |    |    |    |    |   |   |  |
|    |   | <div style="display: flex; justify-content: space-between;"> <span>2A: Bi-directional Integration</span> <span>2B: Care Coordination</span> <span>2C: Transitional Care</span> <span>2D: Diversion Interventions</span> <span>3A: Opioids</span> <span>3B: Repro/MCH</span> <span>3C: Oral Health</span> <span>3D: Chronic Disease</span> </div> |    |    |    |    |    |    |   |   |  |
| 1  | <b>GENERAL</b>  |  |    |    |    |    |    |    |   |   |  |
| 2  | The project is transformational and aims to accomplish something new, different, better, or           |  |    |    |    |    |    |    |   |   |  |
| 3  | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 4  | The project is not duplicative of other Medicaid funded work in the region <i>(the project may be</i> |  |    |    |    |    |    |    |   |   |  |
| 5  | 3   | 2  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 6  | The project has engaged multiple provider partners  |  |    |    |    |    |    |    |   |   |  |
| 7  | 3   | 3  | 2  | 2  | 3  | 2  | 2  | 2  | 2 | 2 |  |
| 8  | <b>EVIDENCE</b>   |  |    |    |    |    |    |    |   |   |  |
| 9  | The project uses an evidence-based model required by the Medicaid Transformation                      |  |    |    |    |    |    |    |   |   |  |
| 10 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 11 | <b>DATA</b>   |  |    |    |    |    |    |    |   |   |  |
| 12 | The project addresses the metrics required by the Medicaid Transformation Approved                    |  |    |    |    |    |    |    |   |   |  |
| 13 | 3   | 2  | 2  | 2  | 3  | 2  | 2  | 2  | 2 | 2 |  |
| 14 | The project addresses a regional health need, as supported by data                                    |  |    |    |    |    |    |    |   |   |  |
| 15 | 3   | 2  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 2 |  |
| 16 | <b>POPULATION</b>   |  |    |    |    |    |    |    |   |   |  |
| 17 | The project is relevant to Medicaid and has potential to improve health outcomes for                  |  |    |    |    |    |    |    |   |   |  |
| 18 | 3   | 3  | 2  | 2  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 19 | The project targets the population required by the Medicaid Transformation Approved                   |  |    |    |    |    |    |    |   |   |  |
| 20 | 3   | 3  | 2  | 2  | 3  | 3  | 3  | 3  | 2 | 2 |  |
| 21 | <b>IMPACT</b>   |  |    |    |    |    |    |    |   |   |  |
| 22 | The project has potential to increase access to health care and other services                        |  |    |    |    |    |    |    |   |   |  |
| 23 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 24 | The project considers social determinants of health   |  |    |    |    |    |    |    |   |   |  |
| 25 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 26 | The project does not cause harm to stakeholders, communities, or systems                              |  |    |    |    |    |    |    |   |   |  |
| 27 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 28 | The project improves population health through clinical management and addressing                     |  |    |    |    |    |    |    |   |   |  |
| 29 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 30 | The project has the potential to significantly impact health outcomes and/or reduce                   |  |    |    |    |    |    |    |   |   |  |
| 31 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 32 | <b>INFRASTRUCTURE</b>   |  |    |    |    |    |    |    |   |   |  |
| 33 | The project uses a workforce that is currently available and/or increases capacity of available       |  |    |    |    |    |    |    |   |   |  |
| 34 | 3   | 2  | 2  | 2  | 3  | 3  | 2  | 2  | 2 | 2 |  |
| 35 | The project builds on, or leverages existing infrastructure and supports local efforts for            |  |    |    |    |    |    |    |   |   |  |
| 36 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 37 | <b>PROJECT PLANNING</b>   |  |    |    |    |    |    |    |   |   |  |
| 38 | The project has a plan for sustainability beyond the demonstration project years                      |  |    |    |    |    |    |    |   |   |  |
| 39 | 3   | 2  | 1  | 1  | 2  | 1  | 1  | 1  | 1 | 1 |  |
| 40 | The project has the potential to be scaled up and expanded  |  |    |    |    |    |    |    |   |   |  |
| 41 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 42 | The project has incorporated stakeholder and public input, and has a plan for continued               |  |    |    |    |    |    |    |   |   |  |
| 43 | 3   | 2  | 2  | 2  | 3  | 2  | 2  | 2  | 2 | 2 |  |
| 44 | The project is feasible to implement, including potential cost impacts                                |  |    |    |    |    |    |    |   |   |  |
| 45 | 3   | 3  | 2  | 2  | 3  | 3  | 2  | 3  | 3 | 3 |  |
| 46 | The project can be flexible, and may be implemented in diverse areas, or with diverse                 |  |    |    |    |    |    |    |   |   |  |
| 47 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 48 | The project has the potential to address an area of critical need in the region, or an area           |  |    |    |    |    |    |    |   |   |  |
| 49 | 3   | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3 | 3 |  |
| 50 | <b>TOTAL</b>  |  |    |    |    |    |    |    |   |   |  |
| 51 | 63  | 57   | 54 | 54 | 62 | 58 | 56 | 55 |   |   |  |