November 2, 2017 1 - 3
Program Council Meeting
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North Sound ACH
BUILDING HEALTHIER COMMUNITIES
in Island, San Juan, Snohomish, Skagit & Whatcom Counties

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

DRAFT Agenda

Time	Topic	Purpose	Lead
1:00	**1.Welcome and Meeting Agenda** ● Introductions ● Review September minutes Attachment A) September 07 meeting minutes	**Action:** Approve September 2017 minutes	Jennifer (Liz)
1:15	**2. Updates** ● Board Decision ● HCA News		Jennifer (Liz)
1:45	**3. Framing** ● Background/definitions Attachment B) Slides		
2:10	**4. Gathering Perspectives** ● Discussion of slide Attachment C) Value Proposition Slide		
2:45	**5. Next Steps** ● Revised Charter ● How to optimize the multisector table ● Collective Impact		Jennifer (Liz)
2:50	**7. Public Comment (check-in with people on the phone)**		Jennifer
3:00 or sooner	**8. Adjourn** ● Summary of meeting		Jennifer

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

Program Council

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

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Draft Minutes

1. Welcome
- Jennifer supplied a brief agenda review

Motion: to approve the August 3rd meeting minutes, made by Carol; second. All in favor, no abstentions. **Approved.**

2. Framing
- Liz provided a high lever overview of where we are today.
- The toolkit areas are not the same as the strategies we need to consider for us to meet the metrics to draw down funds.
- Today's vote is about 8 project areas, not about specific strategies, approaches or isolated projects.

3. Earning Implications of scoring/meeting metrics
- 2017: public input on set of toolkit areas.
- How we select our project areas can influence how the cash flow will occur over the next 4 years.

4. Toolkit Project Areas
- Thank you for everyone who has participated in the workgroups
- We are working to see how we can knit this work together
- Reviewed all work that was submitted for each project area, worked to pull project areas together and evaluate for overall approach.
- Identified areas of further development, including need to bring more partners to the table and identify areas of overlap and collaboration
- Provided review on the optional project areas
- Transitional Care: working towards stronger engagement from our county government partners
- Diversions: working for more engagement in the homeless and incarceration populations and information from the data
- Reproductive Maternal and Child Health (RMCH): two central strategies were identified, Family Planning and HealthySteps. The group moved away from other ideas based on the ability to move metrics.
- Oral Health: two central intervention settings in primary care, mobile/portable dental care
- Chronic Disease: proposed strategies have strong upstream and prevention focus: on asthma, diabetes, and heart disease
- Staff recommendation is to move forward will all 8 project areas.

Lunch Break

- Discussion & Action

Straw-Man vote to see where the group stands in regard to the staff recommendation to move forward with all 8 project area: roughly 70% of hands were in support.

- The committee discussed concerns regarding moving forward with all 8 project areas:
  - 8 project areas seem like a lot to take on for our region-is it too many to focus on?
  - Important to remember that implementation can look different from the strategies we move forward with.
  - Concerns about committing to care coordination and leaving upstream needs could leave the community without services to refer individuals to
  - We have not received our baseline data from the Health Care Authority (HCA)
  - Workforce concerns to realistically achieve these metrics were discussed.
  - Barbara LaBrash explained that, this is a forced choice because we currently do not have all the information, as long as we have flexibility moving into this work she feels comfortable moving forward.
  - We draw down funds if we partially or fully hit the metrics.
  - Would like to continue to dialogue with the HCA to shape the targets to ensure they are achievable goals. If we don't hit the metrics it will hurt Washington State more than it will hurt the North Sound ACH region.
- Reasons why the North Sound feels confident about moving metrics: we haven't received baseline data, gap-to-goal expectations, staff have received information from King County PH that has provided more clarity about how far we have to move those metrics. While the data isn't great yet, our ability to make change is also 1) dependent on community will, partner willingness; 2) what Public Health is committed; 3) remembering that the Toolkit is based on evidence-based, best practice models; 4) learning from modeling from national benchmarks being completed by King County. Staff does not believe that the HCA has set unachievable goals for ACHs.
- We have confidence that staff can build adequate capacity and manage all 8 project areas
- It will take 4-6 weeks to wright this project template for our November 16th deadline.
- The ACH directors and the HCA meet bi-weekly to discuss questions around this work.
- Flexibility for smaller counties is built in with a higher number of project areas, because it allows for uniqueness of strategies from varied projects.
- Impact of number of projects on DSRIP Year 1 is different than it is on subsequent years. Staff explained that the impact in Year 1 is different – a higher number of projects allows us more flexibility in how high we need to score to earn the full Y1 earnings. In subsequent years, how well we do on our P4R and 4P have greater impact.

Motion: to approve the staff recommendation to pursue all 8 project areas, made by Greg Winter; Second by Anji Jorstad.

- More discussion followed:
- Possible draw down funds are currently placeholders. We are told we will be given final number by the State in November.
- All ACHs are in different places so we should not base our decision off what others have done at this time. We have robust conversations arounds all project areas in our region.
- Caitlin Safford reviewed how ACH's have made their decisions thus far-we are all in different places of the process.
  - Linking decision to need to meet statewide measures; if Medicaid population in North Sound and King County moves measures in (for example) Reproductive and Maternal Child Health then we help the state meet its expectations.
- RMCH is as upstream as you can get! To make change we must push boundaries and not be scared to do so.
  - In Reproductive Health, there is a major funder doing work in the North Sound region that we can partner with. Making the idea of moving metrics easier.
- Would like more law enforcement involvement in this work.
- The money that is earned for each project area doesn't have to be spent in that specific project area.
- Would like to leverage our funds into something larger.
- Move into vote:

Motion: to approve the staff recommendation to pursue all 8 project areas, made by Greg Winter; Second by Anji Jorstad. All in favor;

MCO representatives and Federico Uribe-Cruz abstained from the vote. **Motion carries with two abstentions.**

Next Steps & Wrap Up

- Goal for next meeting: come back with some financial models. Would like to know how we are going to work with our partners and example agreements. We would like insight from all of you!
- Help us get others engaged!

Adjourn at 2:12pm

- Summary of our meeting made by Jennifer
  - There was an individual request for a high level timeline that frames our decision
  - Reviewed toolkit areas for what to include or exclude not specific project or strategies at this time.
  - Reviewed earning model and the Council would like to earn as much as possible for the health of our region
  - Presentation today reviewed staff's method for assessment of current strengths for each project area.
  - Strawman preliminary vote resulted in rough 25% were unsure
  - Voted to move forward with all 8 project areas.

Project Selection

Budget Implications & Funds Flow

August 25, 2017

North Sound ACH Board Meeting

Project Plan Incentive Model Features

Observations from an ACH Board Member

- Number of projects has small impact on total potential revenue
- Project Plan Points subject to subjective judgments (adds risk to scores)
- P4R determined by objective "yes/no" per element (less risky)
- P4P negative step-down discontinuities (continuous raw distribution becomes step-wise earned)
    - 99% Raw = 75% Earned
    - 74% Raw = 50% Earned
    - 49% Raw = 25% Earned
    - 24% Raw = 0% Earned
- P4P metrics use fixed, pre-defined populations
    - Percent of denominator addressed by interventions is as critical as potential of strategy to change numerator
- Some metrics appear poorly connected to project interventions

Source: Randy Barker, Molina Health Care

Project Plan Questions to Consider

Observations from an ACH Board Member

1. **Will earned revenue be greater with more projects or fewer projects?**
   a. If synergies, then choose more projects
   b. If resources are limited, choose fewer projects to allow focus
   c. If success is predictable, and varies by project, choose only highest ranked projects
   d. If success not predictable, do more projects to create more chances for "average" success

2. **How will the targets be set and what will be the gap between current and target?**
   a. If targets are "challenging" assume "worst" case for budgeting
   b. If targets are "achievable", be more optimistic
   c. If targets are "variable", pick projects with "achievable" targets

Source: Randy Barker, Molina Health Care

Potential Work to Inform Project Decisions

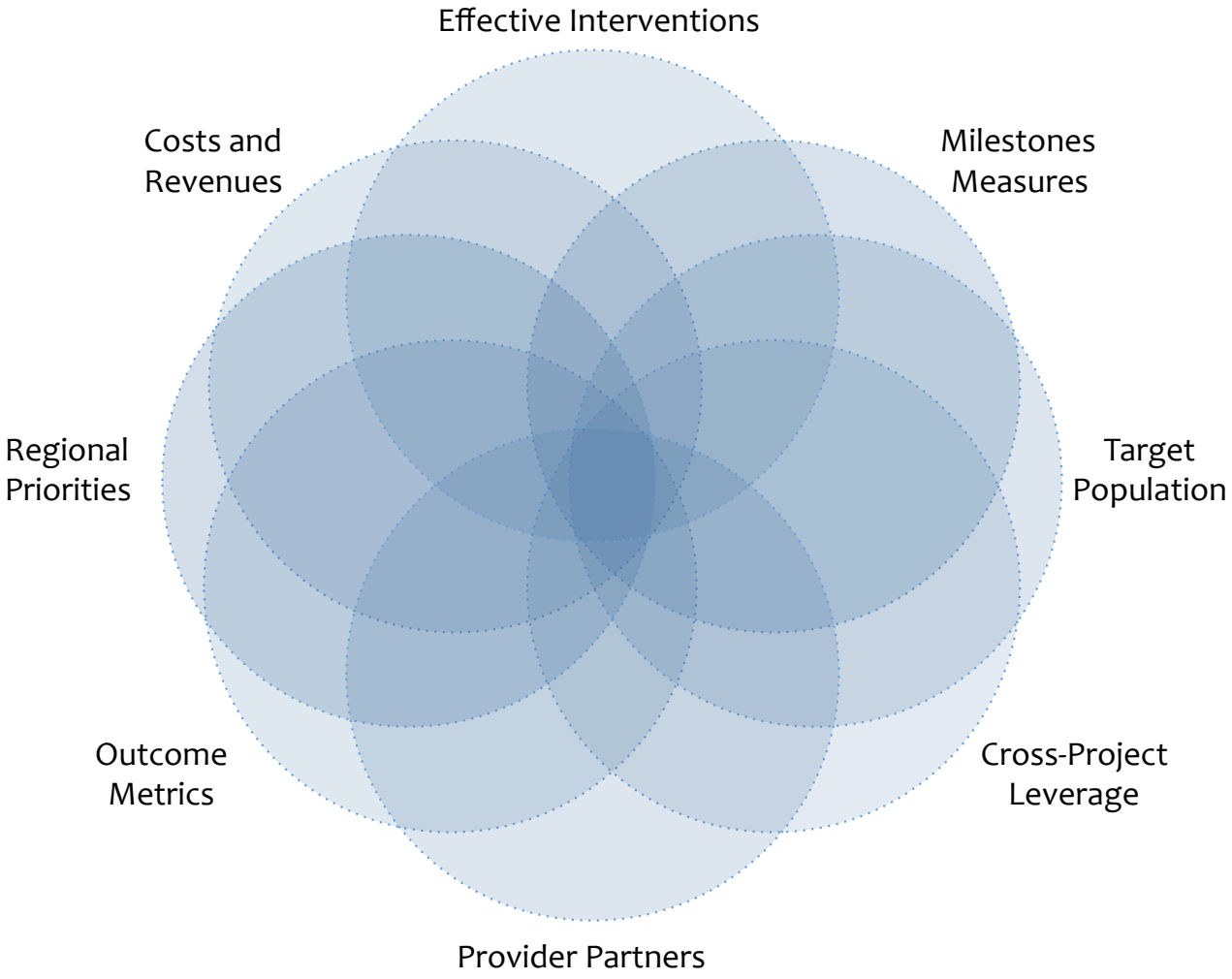
Observations from an ACH Board Member

- Know actual targets, or procedure for setting targets, to predict potential P4P achievement scores
- Analyze last 3 years actual performance for each metric to assess intrinsic up/down trends
  - May help/hurt ability to achieve targets
- Assess random variation vs. trend as percentage of performance targets
  - Random variation alone may cause achievement/non-achievement of targets
- Balloons vs. Stones: How to categorize the metrics used for multiple projects?

Source: Randy Barker, Molina Health Care

Project Portfolio Selection

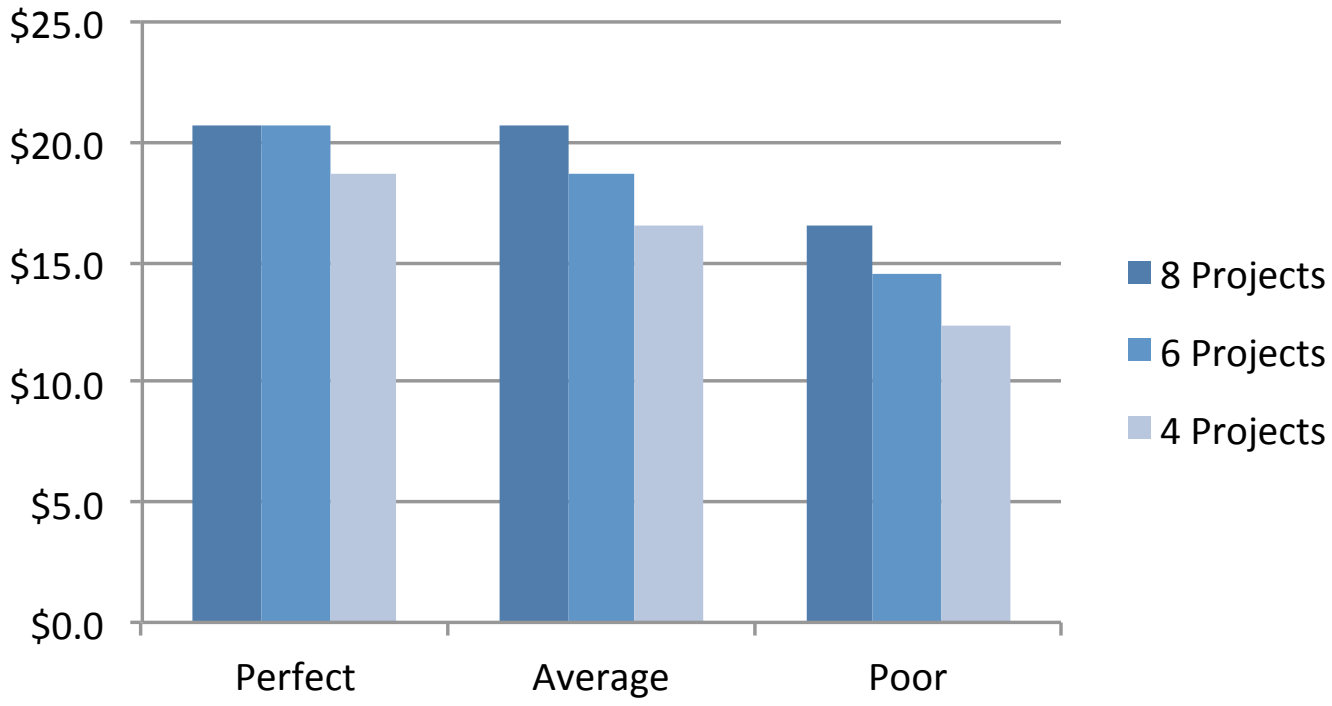
Balancing Multiple Criteria for the Optimal Mix



CENTER FOR EVIDENCE-BASED POLICY

Project Plan Scoring & Awards

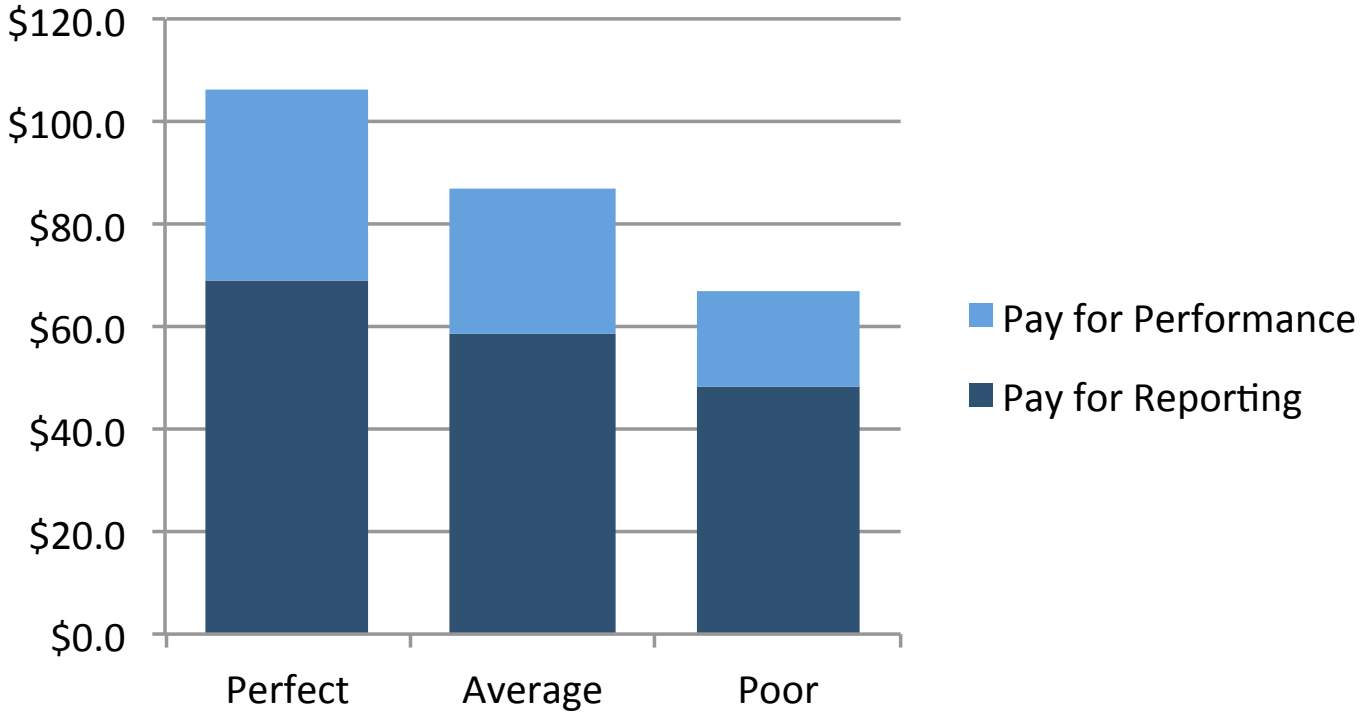
Projected Earnings Range: $12.4 to $20.7 million



	Perfect	Average	Poor
# Projects	**100%**	**80%**	**60%**
8	$20.7	$20.7	$16.6
6	$20.7	$18.6	$14.5
4	$18.6	$16.6	$12.4

Project Performance Earning Potential

Possible Earnings Range: $73.9 to $106.3 million



	Perfect	Average	Poor
	100%/100%	90%/70%	80%/50%
P4R	$69.1	$62.1	$55.2
P4P	$37.3	$18.6	$18.6
TOTAL	**$106.3**	**$80.8**	**$73.9**

** A disastrous performance (50% P4R and 25% P4P) results in earnings of in the range of $56 to $60 million.*

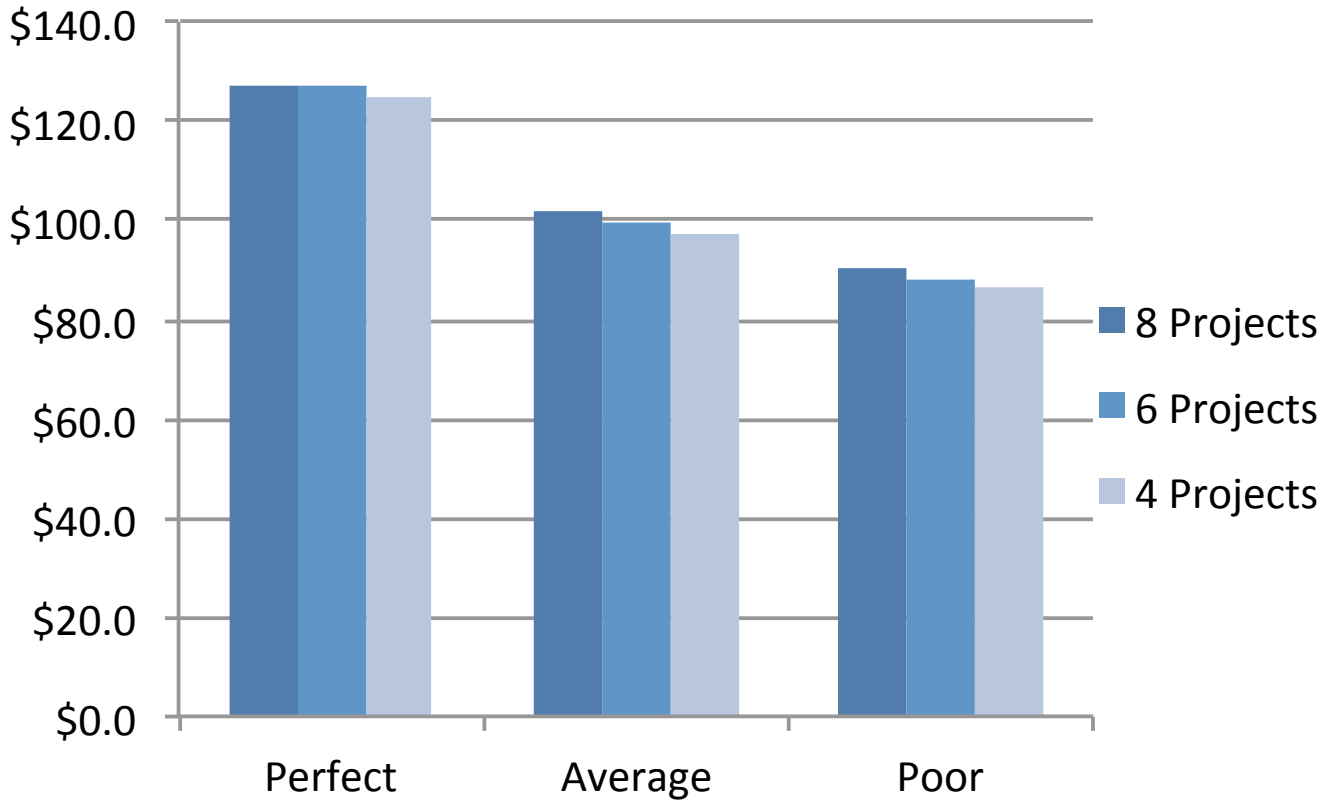
Project Performance Earning Potential by Category

Possible Earnings Range: $73.9 to $106.3 million

Project Categories	Perfect	Average	Poor
2a - Bi-directional Integration, Primary Care Transformation	$34.0	$28.2	$23.6
2B - Community-Based Care Coordination	$23.4	$19.4	$16.3
2C - Transitional Care	$13.8	$11.5	$9.6
2D - Diversion Interventions	$13.8	$11.5	$9.6
3A - Addressing the Opioid Use Public Health Crisis	$4.3	$3.5	$3.0
3B - Maternal and Child Health	$5.3	$4.4	$3.7
3C - Access to Oral Health Services	$3.2	$2.6	$2.2
3D - Chronic Disease Prevention and Control	$8.5	$7.1	$5.9
Total Project Incentive Pool Awards	**$106.3**	**$88.2**	**$73.9**

Combined Earnings from Project Incentive Funds

Possible Earnings Range: $86.3 to $127 million



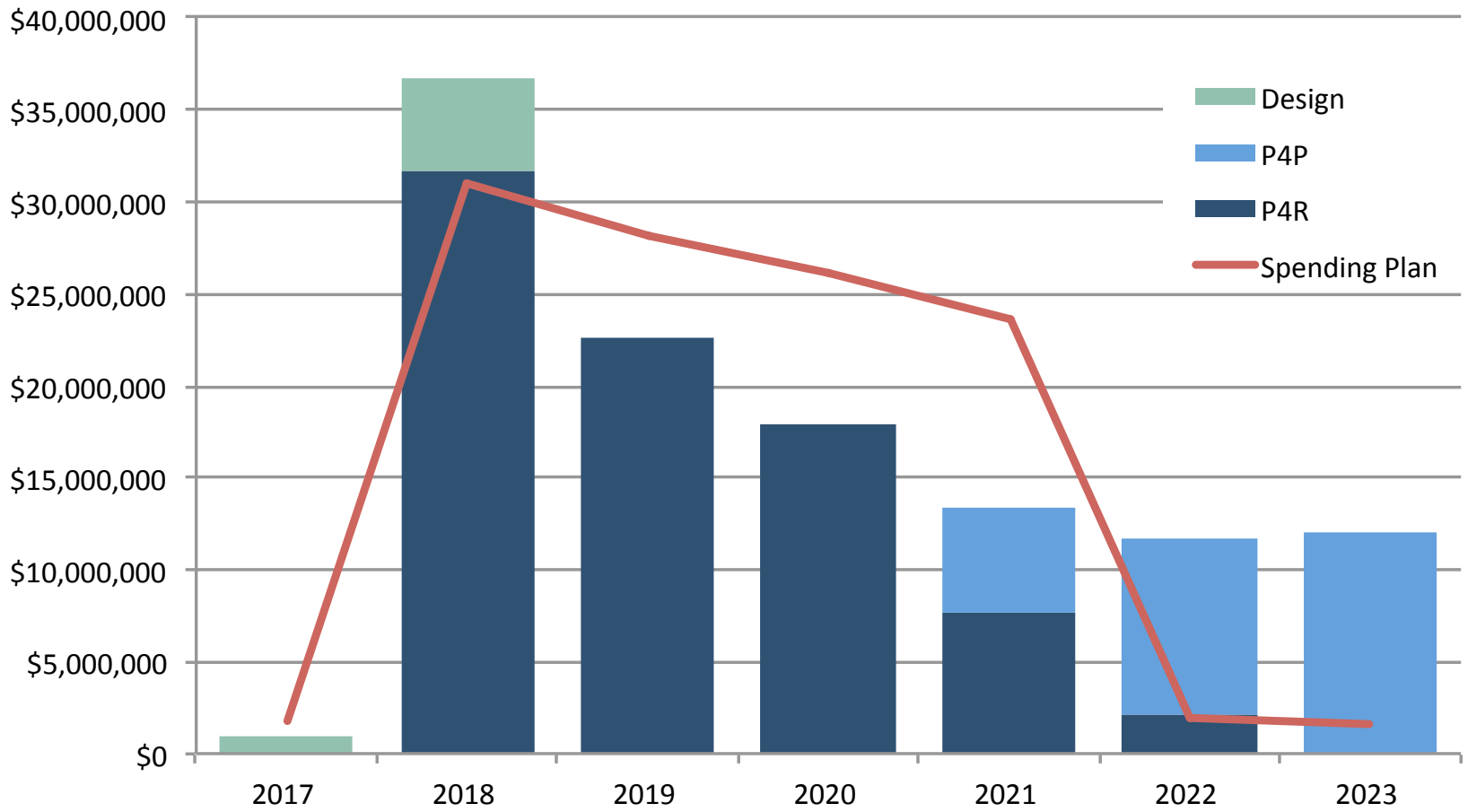
	Perfect	Average	Poor
8	$127.0	$101.5	$90.5
6	$127.0	$99.4	$88.4
4	$125.0	$97.4	$86.3

Potential Budget Scenario

90% project plan score, 90% P4R score, 70% P4P score, & spending at 83% of potential revenue

Earned Resources = $112.9 million

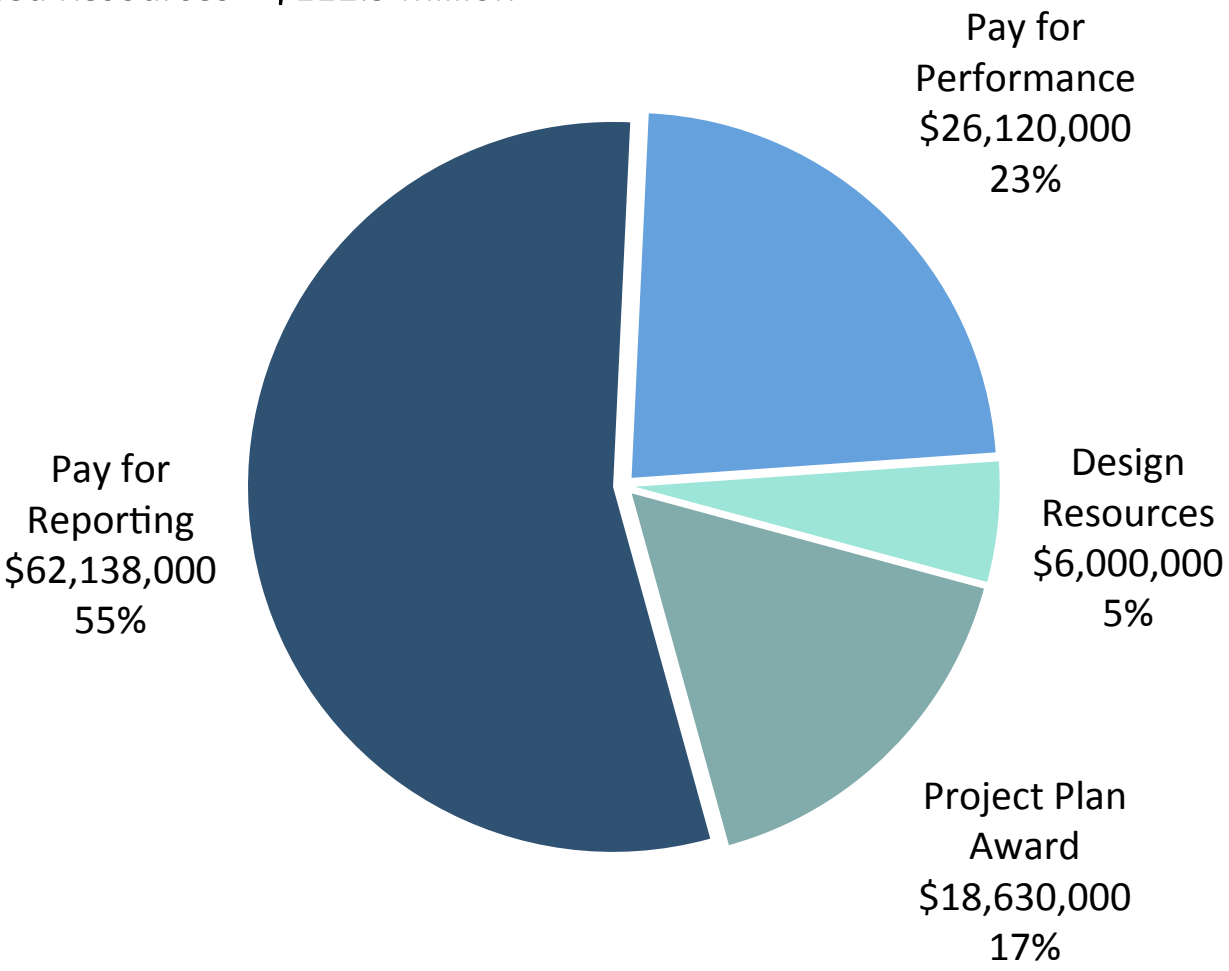
Spending = $112.0 million



Potential Revenue Scenario

90% project plan score, 90% P4R score, 70% P4P score

Earned Resources = $112.9 million

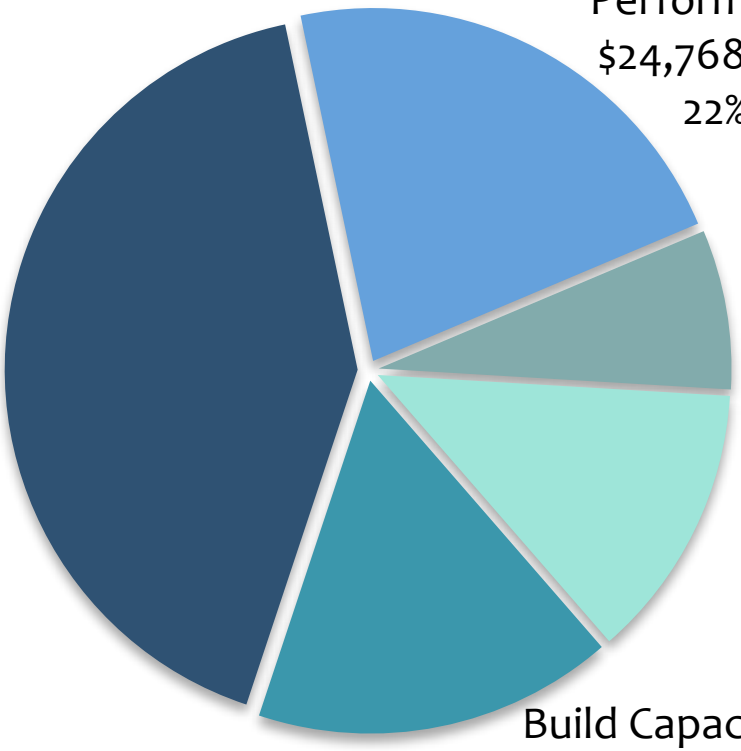


Potential Budget Allocation Scenario

90% project plan score, 90% P4R score, 70% P4P score, & spending at 83% of potential revenue

Earned Resources = $112.9 million

Spending = $112.0 million




CENTER FOR EVIDENCE-BASED POLICY

Approach for Allocation of Demonstration Funding in November Deliverable

Key Assumptions

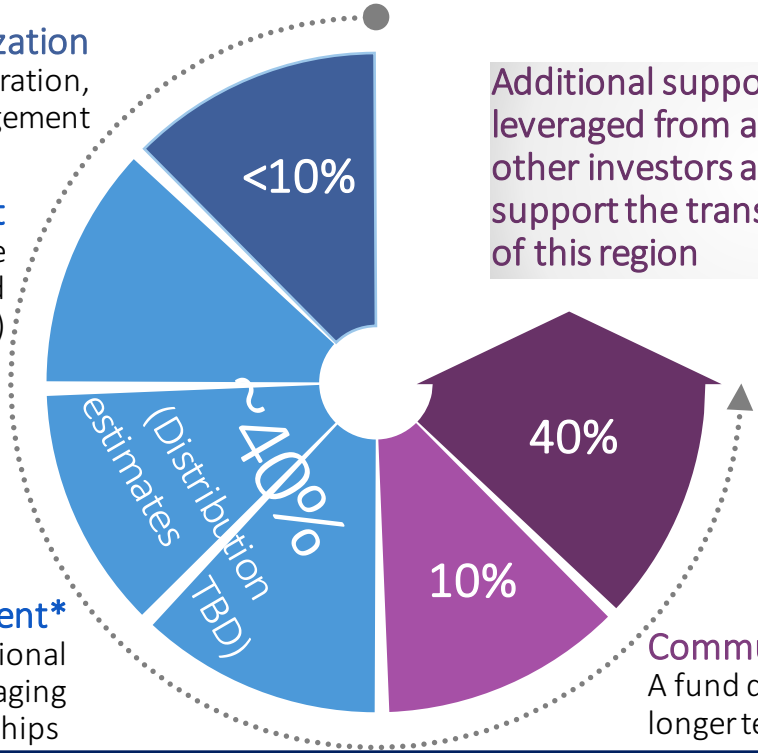
- Toolkit project areas did not mean we are implementing 8 distinct projects
- Demonstration dollars alone will not address the region's challenges
- We must leverage the earnings and the partner relationships to change the delivery system and identify other potential revenue
- Allocate Demonstration dollars toward sustainability

Lean and Efficient Organization
Operating expenses and administration, including Project Management

Leadership Development
Build and expand leadership across the region (clinical, county, tribal and community levels)

Workforce Strategies
Workforce assessment and training; partnering with educational institutions to refine or plan curriculum.

Population Health Alignment*
Integration and alignment of regional Population Health strategies, leveraging relationships, partnerships



Additional support to be leveraged from and by partners, other investors and funders to support the transformative work of this region

Project Planning / Implementation
Targeted project expenses; split equally between clinical and community providers, building capacity for upstream, prevention activities.

Community Resiliency Fund
A fund designed to support community longer term strategies.

**We are not recommending a large percentage of our region's earnings go toward a region-specific approach to HIE/HIT, but instead are advocating for a State-wide effort because of partners and systems that cross ACH boundaries*

Pay for Performance Metrics 10/30/17 Update

The HCA is the in the process of removing 5 metrics from the toolkit. This is currently pending approval by CMS.

The metrics are:

1. Contraceptive Care: Access to LARC
2. Contraceptive Care: Postpartum (sub metric: Access to LARC)
3. MAT: Methadone and Buprenorphine
4. Ongoing Care in Adults with Chronic Periodontitis
5. Depression Screening and Follow-up

Justification for Metric Removal

Items 1&2: Contraceptive Care: Access to LARC / Postpartum – Access to LARC (P4P)

The Contraceptive Care metrics, including the Access to LARC metrics, came forward for inclusion in the toolkit during the Project Toolkit public comment period. However, upon additional correspondence with stakeholders and SMEs in this topic area, as well as referencing HHS guidance, it was determined that including the rates related to LARC insertions pose a risk of promoting one form of contraceptive care over another, and may result in coercive practices to meet performance targets.

The state will remove the 2 LARC rates to align with national guidance for best practices. The state will retain the Contraceptive Care: Most/Moderately Effective Methods & Postpartum – Most/Moderately Effective Methods metrics in the performance accountability framework for ACHs who pursue Project 3.b. As a national benchmark has not been set for these metrics, nor are they expected to ever reach 100%, the contraceptive care metrics retained in the toolkit will have improvement measured by the "improvement over self" methodology. This is in line with the goal of providing contraceptive care that does not promote one method over women's individual choices.

Justification for Metric Removal

Item 3: Medication Assisted Therapy (MAT): Methadone/Buprenorphine (P4P)

Upon review of the specifications for the metrics associated with Project 3A, it was identified that 2 metrics were highly redundant in their measurement concepts:

- MAT: Methadone/Buprenorphine
- Substance Use Disorder Treatment Penetration (Opioid)

The key difference between the two is that the MAT metric does not include drug-free treatment for OUD. The final decision was to remove the MAT metric, and keep the SUD Treatment Penetration (Opioid) metric in order to avoid paying a region twice for a duplicative measurement concept, and to include a metric that captures the full range of treatment services available to an individual with identified opioid use disorder.

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Justification for Metric Removal

Item 4: Ongoing Care in Adults with Chronic Periodontitis (P4P)

Project 3C (Access to Oral Health Services) includes two recently approved metrics by the Dental Quality Alliance (DQA). Review of the specifications for the Ongoing Care in Adults with Chronic Periodontitis metric uncovered a risk to the viability of performance measurement for the DSRIP program. Per the current WA Medicaid benefit structure, only small percentage of beneficiaries are eligible for the required two visits within a calendar year. Therefore, regional results could be subject to high variability from year to year and potential for small numbers that may not be appropriate for linking to ACH accountability.

Justification for Metric Removal

Item 5: Depression Screening and Follow-up (P4R)

This metric was included as a pay for reporting (P4R) metric, activated in DY 4 and 5. This metric was recommended by stakeholder partners during the toolkit public comment period. However, additional review by subject matter experts at the state found that this metric is problematic to report on due to inconsistent coding practices. Few states currently report this measure under the Adult Medicaid Core set, and it recently became an optional meaningful use EHR measure. While there may be updates with HEDIS in 2018, the current specifications are problematic and require codes that are rarely reported in EHRs. To be able to report on this metric in a meaningful and robust way, ACHs would need to start planning for how to operationalize reporting on this metric in the early years of the demonstration. However, due to the lack of a tested metric specifications with clear definitions has the risk of creating undue burden on partnering providers who participate in ACH project activities, and put P4R funds unnecessarily at risk.

Please send any questions about the contents of this email to Britt Redick (britt.redick@hca.wa.gov).