Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

Board Minutes
July 20, 2017 | 12:00 pm – 2:54 pm
Columbia Basin College, L102

ATTENDANCE		Action Items
Participants:	**Board Members In Person:** Brian Gibbons, Dan Ferguson, Darlene Darnell, Ed Thornbrugh, Carrie Green, Madelyn Carlson, Tonya Kreis, Corrie Blythe (sit in for Lori Brown), Katherine Saluskin, Les Stahlnecker, Jorge Rivera (sit in for Amina Suchoski) **On the Phone:** Deb Gauck, Erin Hertel, Lara Sim **Guests in Person:** Cathy Kaufmann, Cathy Homkey, Martha Lanman, Corrie Blythe, Kayla Down, Molly Rosbach, Sierra Knutson, Mike Bonetto, Kat Latet, Sarah Bollig Dorn, Jorge Rivera	
Backbone:	Carol Moser, Aisling Fernandez, Patrick Jones, William Van Noy, Megan Kummer	
Special Thanks:	Thank you, Columbia Basin College (CBC), for today's facility and outstanding Information Services support. Thank you, UnitedHealthcare, for sponsoring the refreshments. Thank you, CG Catering, for providing the refreshments. Thank you to our Vice President, Rhonda Hauff, for facilitating today's Board meeting.	

Welcome & Introductions:	• New standard item at the beginning of board meetings, review of conflict of interest. • New on the agenda, Consent Agenda • New item - allow for a public comment period for those in person and on the phone. • **Ed** – Added item to the agenda: discussion about role of the executive committee	
MINUTES & REPORTS		**Action Items**
Consent Calendar	• 6-22 Board Minutes 7-14-17 Executive Committee Minutes • Computer Internet & Telephone Policy • Paid Time-Off Policy Pulled from Consent Calendar: Policies from Employee Handbook Performance Evaluation Policy • **Madelyn** – suggestion to change "must" to "may" for employee reviews policy • Drug-Free/Smoke Free Workplace Policy Madelyn – suggestion to remove "containing nicotine cartridges" from drug/smoke free workplace policy. Leave Policy Ed – suggestion to remove voting language from employee leave policy. • **Rhonda** - asked about policies vs handbook, discussion about different points of view on this. General consensus of the Board to keep policies that are currently in the Handbook as formal Policies recognizing that the Handbook is a living document. •	• **Les** – motion to approve 6/22 Board Minutes and 7/14 Executive Committee minutes. Seconded by Ed. Motion carries. **Les** – Motion to approve remaining policies as is: Computer, Internet & Telephone policy, and PTO policy. Seconded by Ed. Motion Carries • **Madelyn** - motion for change in performance evaluation; "must" to "may". Seconded by Ed. Motion carries. Ed opposed. • **Les** – Motion to remove "containing nicotine cartridge" from employee drug free/some free policy. Seconded by Brian. Motion Carries. • **Ed** – Motion to remove language in the employee leave policy allowing for leave for voting, as Washington is a mail in state. Seconded by Madelyn. Motion carries. • .

Director's Report	• **Carol:**
	  o Presented a high-level overview of 2017-2021 timeline.
	    ▪ We are currently in the planning stage.	

- ▪ More latitude to vendors/participating providers using an LOI/RFQ process as recommended by HMA..
- ▪ LOI's/RFQ's would go out at the end of August, and come back on October 5.
- **Ed** – Doesn't understand why we are doing a project scoring criteria, when we've already agreed on the outline.
  - o **Carol** - In general the project plans as presented still need a lot of work in aligning to metrics and populations.
  - o **Ed** - This process accepts/rejects project areas rather than refining them.
  - o **Carol** - The TAC (Technical Advisory Committee) is in part a response to the Board's concern for proper vetting by subject matter experts. The intent is to work with all project teams to realign together.
- **Rhonda** – Asked for clarification around RFQ's: Are they intended to say to the participating providers "do you have the qualifications to do this project that is already defined?"
  - o **Cathy K** - The idea of the LOI's/RFQ's is to have the project initiatives decided upon by the Board. Once approved, an LOI or RFQ would be put out to determine partnering providers. Once GCACH knows their funding, then you move into contracting. The LOI will already contain some language on this partnering.
- **Ed** - My question goes back to delaying the process with scoring. I thought that's why we retained HMA. These criteria seem like an unnecessary step.
  - o **Cathy K** - My understanding of the criteria is that it will help the board make a decision with the project areas.
  - o **Rhonda** - Ed, you're saying that they are evaluating the projects. My understanding is that the TAC would be looking at both providers and the projects.
  - o **Cathy K** - the scoring is not connected to the LOI/RFQ, it was developed for the Board to help with the project portfolio and what projects we move forward with
- **Carol** - We would also use the TAC as a buffer for the LOI's/RFQ's for potential conflicts of interest. The project plan application has great emphasis on subject matter/clinical expertise. The people suggested will add great value, should we choose to use it.
  - o **Rhonda**- Does the board see value in the TAC in helping us decide how to move forward with the project areas?
  - o **Jorge** – Is there a way to understand all of these different task forces and how they fit together with this decision?

- o **Carol** - We can jump ahead to look at the memorandum if needed. This explains the TAC's role and responsibilities.
  - o **Les** – TAG's/TAC's convene people that will be impacted by the proposed changes. They score the proposals to see if they should recommend or not recommend them to the board. And then the board can look at that in a shorter period of time to see how to move forward.
- **Ed** - We've already hired an organization (HMA) to give their opinion, and leadership council isn't all the way looped into this.
- **Carol** – Some of the project areas have 3 different initiatives that may not all be relatable when we look at alignment. We've never gone through a process where we've looked at all the projects together and their alignment. Ultimately, the strength of our proposal relates to strongly aligned they are.
- **Rhonda** - The recommendations would come back to LC and board?
  - o **Carol** – Yes, and the board would make the ultimate decision.
- **Rhonda**- Another element to consider: What if each project comes back with 4 initiatives? Can we handle all of them (32 initiatives)?
  - o **Ed** - HMA should walk us through that.
- **Les** - Ed, you see this as redundant with what HMA is doing?
  - o **Ed** – Yes. I thought this was part of their statement/scope of work.
- **Cathy K** - There was a perceived need that the board would need a measurable tool to help them decide. As the Board, you are implementing the vision. What strategically (based on ROI, feasibility, capacity, sustainability, and hitting outcome measures) is the best? This is more of an art than science.
  - o **Rhonda** - Do you think this process would steer us in a different direction than you (or HMA) would?
  - o **Cathy K** – It's an apples to oranges comparison. These criteria would provide a score for each of the individual projects, which could be really valuable as you make your decision. The Board needs to wrestle with what/if all projects move forward.
- **Patrick** – Haven't we already decided on the 8 initiative areas? My understanding is that we have. Do we want to pare those 8 down? If so, these criteria could be important. The criteria is a good internal checklist to see which projects are stronger than others. The next question would be, what do we do with the ones that aren't as strong?
- **Cathy K** – And the answer to that is that it could mean just improving/strengthening those ones; not necessarily cutting them.

- **Mike** - Do you feel like there has been a formal acknowledgement/vote that all 8 are moving forward? According to the previous month's minutes, there hasn't been a formal vote by board.
- **Carol** – This helps address the perception of conflict of interest (COI). In the Project Plan Application (PPA), it asks what we've done to prevent COI from dominating our decision making. The PPA asks how we came to our decision. We wanted to be able to say in the PPA that we considered COI, and whether or not all of the projects were equally weighted.
    - **Ed –** To me, you've just articulated the role of the Board.
- **Cathy K –** Carol, is it your view that a successful application will have a TAC?
    - **Carol** - Other ACH's have committees/processes set up to help weigh in. This is especially important to include providers, as they will have to help implement these projects.
- **Jorge** - Carol is trying to respond to our concerns from last month. The projects were good, but they do need more alignment for the application. We now have 3 different bodies working on this assessment: the criteria, the expert committee (TAC), and the consultants (HMA). I suggest that we align these 3 bodies, and use the LC's (leadership council) input. Need to balance with COI.
- **Rhonda** - What I've heard is that we need to have affirmation from the LC that we want all 8 projects to move forward, and then bring it to the board. That recommendation needs to come officially to the board for us to adopt. I am concerned about COI. Somehow, we need to process vendor selection with that expertise.
- **Ed** - I don't think in the formation of the project design, you exclude the experts (who are in the field already). I understand the concern for COI, but those experts are needed in the process. My understanding with our current process is that our board will vote on them, and will exclude the members that have conflicts.
- **Mike** - To add to what Carol mentioned, other ACH's are looking at the tide of revenue around project selection. What do 6-8 projects do to the potential funding? You could choose 6, and then the leftover money is redistributed. If you are trying to maximize the money, what's the best strategy? Out of these projects, which ones do you feel confident will meet the toolkit metrics?
- **Cathy K** – This process could be used for waiving, and priority of looking at where the funding starts, i.e. – when we get that first $5 million, where does it go?
- **Rhonda** – asked for Brian to weigh in:

- o **Brian** - I think you're right Ed. I am cognizant of Carol's point regarding COI. It's good to have a third party, due to COI. I think any opportunity that provides a means to protect ourselves is valuable.
- **Rhonda –** any other comments before we have Patrick share the reasoning behind the criteria?
    - o **Ed –** Thank you everyone for the discussion.
    - o **Madelyn** - I agree we need to get back to the leadership council and establish our role in this process. I was very confused about the LOI/RFQ and scoring sheet.
- **Patrick** - This score card came about with Wes and several others weighing in. It's based on several sources, the most important one being the toolkit. The guiding principle was to try to keep it as simple as possible (10 maximum criteria).
    - o *1. & 2. - Support/Linkages*- linkages between the project and local organizations.
    - o *3. Impact* – refers to alignment and how well this project fits with the others.
    - o *4.Sustainability*– is this idea viable for a 5-year plan?
    - o *5. ROI* – this is a look at what will happen within those 5 years. Can we measure return? Can we look at how likely a project would maximize funding from state.
    - o *6. Equity* - health inequities
    - o 7. *Alignment with Community needs* – Does it identify target populations? This is something we need to be clear with if we are wanting to move the needle in years 4 and 5. Are there workforce gaps? Are there methods proposed to bridge these gaps?
    - o *8. Measurement* - How did we get to this decision? Is it evidence based?
    - o *9. Workforce*, evidence based
    - o 10 – *Implementation* - Is this ready to go in 2018?
    - o Weighting – The bulk of the criteria are weighted evenly at 10%, but there are a couple that we felt we needed to weight more. Those are alignment and sustainability.
- **Darlene** - Why did you choose to weight workforce lower?
    - o Patrick - After the LC discussion, we may not want to weight it lower. This is a draft and open to changes. Please feel free to mark up this draft and get back to Wes or myself with feedback.

	• **Jorge** - How will this be incorporated in the process? So the PT's will be given this and then sent back to work on the final preparation of their documents?
	    ○ **Patrick** – I don't necessarily see an explicit need for PT's to go back and rate themselves with this, but HMA could use this to check in with projects.
	    ○ **Cathy K** – The nice thing is, the criteria that's been selected here is very in line with the project toolkit.
	    ○ **Les** – The value I see in this is that it could help us see which initiatives need to be strengthened, and make our proposal more robust.
	    ○ **Jorge** – The way it's written, it's almost like an RFQ. Answer these questions honestly, and the board will evaluate how well it aligns with them.
	• **Rhonda** - how well does this align to the project templates?
	    ○ **Carol** - Very well
	• **Patrick** - Would the PT facilitators want to meet about these criteria and tweak their proposals face to face, before the drop-dead date in August?
	    ○ **Carol** - We have a PAC, which is comprised of the Project Team Facilitators. We exercised this today in LC with the breakout session with some cross pollination from each of the groups. The project plans would have benefited from more of these meetings earlier on to catch these commonalities that were missed. For example, many of the groups missed the connections that could be made with Native Americans. Are we capturing the criteria in what the board wants to see in our region? The more aligned we are, the better impact we will have. If we have projects that are outliers, we need to know.
	• **Cathy H** - HMA is working to strengthen those projects and help create alignment across them all. What I see as a risk right now, is will there be an assessment on the proposals to see if they will be able to generate revenue. We need to look at of these from an ROI/financial lens.
	• **Jorge** - Mike has a valid point that we need to see how much we can do with 8 projects and the funding we have.
	• **Ed** – I've heard that concern for year 2. Part of the responsibility of the Board will be to terminate projects. Does that same mechanism exist in years 3, 4, and 5?
	    ○ **Mike –** My understanding is that if in year 2 if you tried to cut any groups that are under performing, you would forfeit that funding.
		• **Ed** - Motion to adopt this draft of project criteria, and ask the PAC (Project Team Facilitators) to apply it to strengthen their submissions and send back recommendations to the

- o **Cathy K** – This is why the Board needs to make the best strategic decision now to maximize revenue in year 2, 3, 4, and 5.
  - o **Ed** – But we're recreating the driving factors that led us not to do this to begin with. Fully integrated mental health care and bi-directional health care; there's a reason that was carved out a long time ago. It's hard to achieve certain milestones.
  - o **Cathy K** – Well that project you're doing no matter what.
  - o **Ed** – But that's my point. We're recreating circumstances that have led these ideas to not be implemented so far, rather than doing it to demonstrate that it's possible.
- **Rhonda** - Does the board have enough information to move forward with the TAC?
  - o **Ed** – I think we can talk about the criteria, but I feel like the TAC is a separate conversation.
- **Rhonda** – Ok, let's have two separate conversations then. Let's start with the decision-making tool (the criteria).
- **Darlene** - I do feel we need to weight workforce higher; I'm not sure where those percentage points come out of, but I do feel like workforce is a key foundational element.
  - o **Cathy H** – Workforce is highlighted in Domain 1. This kind of just highlights "what is your thinking around workforce?"
  - o **Darlene** – What is Domain 1?
  - o **Carol** – There's 3 domains:
    - Domain 1 is state wide initiatives like HIE systems, workforce and VBP
    - Domain 2 is Care Delivery Redesign
    - Domain 3 is Prevention and Health Promotion. Under domains 2 and 3 are four projects.
- <mark>_____</mark> - all project teams should have a workforce lens. If all projects address workforce, we should be good. Workforce is really important because you can't expand without it. <mark>(3:36:27)</mark>
- **Les** - Are you asking for a motion related for this tool?
  - o **Rhonda** – Yes

- **Jorge** – So you are giving the project teams the ability to withdraw?
  - o **Ed** – We're asking them apply this tool. If it scores poorly, we ask that they have a recommendation to move forward and improve it or withdraw it.
- **Les** – I think that what Ed's asking from leadership council is to recommend to the board the strongest areas.

board adopt the projects or not. Seconded by Madelyn.

- **Ed** - Motion to accept the project initiative selection criteria document, and that we issue it back to the facilitators to use it in preparing their final reports with the understanding that it will be applied to them by a third party or the Board. Seconded by Madelyn. Motion carries.

	○ **Ed -** And then it's up to us to either validate or reject those. **Madelyn** - Asked for clarification- So the leadership project teams are each going to do an evaluation? They will score the projects and turn that into the board. The board will not individually score these? ○ **Ed** – Yes afterwards. There are two parts: one is that we accept the instrument itself (the criteria). We ask the project team facilitators to apply this instrument, and then if they see it scoring poorly, they would need to revise their project descriptions. Then they would submit those revised reports/descriptions the next time we meet. **Darlene** - There needs to be a narrative with each of these that looks at strength and weaknesses of each, not just points. We need to ask them how they came up with that score? The groups will naturally score themselves high. The numeric score may be lacking. **Rhonda**- Could the PAC score all 8 of the projects? Are we looking at these as self-assessment, or as collectively? ○ **Cathy K** – I don't think the groups should score. I think they just get to see these criteria as what we will score them on. **Ed** – The interdisciplinary scoring will help all the groups pick up on things. For example, those of us that work with SUD patients understand that they have issues with oral health, transitional care, and chronic disease. We went with that as an assumption that everyone knew. But if the teams are scoring each other, they'll identify those and make their proposals more descriptive. **Madelyn** - did the groups receive that feedback? ○ **Cathy K** – Yes. We filled in the teams on any gaps or areas that they needed to strengthen. **Rhonda –** Ok, let's discuss the use of a TAC. ○ **Carol** – I'd like to point out the memorandum regarding the TAC in the back of your packets (the executive committee has reviewed this). There are some initial names listed for consideration. It just gives you more information to make the final decision. ○ **Les** – It's getting someone with fresh eyes to look at them. **Madelyn** - Will they score the proposals? Are they reviewing and providing suggested areas of improvement? ○ **Carol** - They would use the selection criteria (that the Board just approved), possibly with narratives. That would come back to the board with their comments and scoring.	**Les** – Motion to grant Carol the power to assemble a TAC to review and score project initiatives, and then make recommendations to the board. Seconded by Madelyn. Opposed by Ed. Motion carries.

	Sit in for Lori Brown, Corrie – Does this list of TAC people include social determinants or community based social services? It seems to be very medical. **Carol –** There are two people in that list (Dr. John Kitzhaber and Dr. Hugh Straley) that are very focused on social determinants. But the Board can also suggest other subject matter experts as well. **Jorge –** I suggest that we start with if we even agree that this body (the TAC) should exist, and then move on to who should be in it. **Rhonda** – Ok, let's start with if we should have a TAC or not.**Kat** - When is the TAC needed? Would it be better used later in the timeframe to evaluate the whole portfolio? **Rhonda** – We're not going to talk about members at this point.	
Summary of Leadership Council Meeting	**Patrick** - LC was led by Cathy K, who presented a PowerPoint that led us through the meeting. They summarized what has gone on in the 8 project areas. - They came up with the conclusion that there is a lot of alignment/commonality, but more could be found between the 8 project team reports. - The key criteria examined was: Target populations, outcomes and strategy/tactics - We then broke up into four groups to look at those three areas with the matrices they provided. - Most groups located added commonalities for target populations. - Outcome matrix was a bit overwhelming, and many groups only made it partially through this matrix. - Strategy/tactics was briefly touched on as well. - This exercise was the first attempt at this conversation. There will more follow up to come. - Final part of the meeting was reporting back from their groups. - Then we went in the direction of workforce, CHW, and the training process for them. **Dan** - Volunteered to start a workforce committee (with Rhonda and Ronni). With that, I think it we some need guidance on a Domain 1 committee how the board expects it to function. **Cathy H** - I will send out a draft charter to you all for that committee. **Les** - For those on this committee, try to engage those not at our table, and those that are involved in the community. **Dan** – It's important to tie in social determinants and the economics of this.	

	• **Rhonda** – We have staff that are training up on initiative 3. We're adding supportive employment navigators and supportive housing navigators. There's a whole new group of people that will be out in the community filling these roles. • **Madelyn** – It's important to include the local coalitions in this as well.	
ACTION ITEMS		**Action Items**
Financial Reports	• **William –** Walked through the June 2017 budget. ○ Our budget will change to accrual based accounting next year. ○ Currently working with Shannon to make corrections. • **William –** Walked through Phase I budget spreadsheet. ○ Looking into funds for education/training and tribal consultation. ○ More funds for a more robust website as well. • **Rhonda –** Have we talked about data sharing? ○ **Carol -** We've talked about shared resources such with Elya Moore and Winfried Danke, two other ACH leads. • **Dan** - Was there a conversation at the convening about a workforce database or resources to support workforce data analysis? ○ **Carol** – Domain 1 was really supposed to be a statewide initiative (ie HIE and VBP). • **Rhonda** – Any questions regarding Phase I certification budget? ○ **Brian** - His team (with Carol and John) went through it, and explained how they carved up the budget. • **Ed –** Where did the idea for the funds come from for the TAC/consulting? ○ **Carol** – We estimated the amount of time and effort for this budgeted amount. These funds would be for their time and travel if needed (most could be done remotely). • **Dan** - How often will this be reviewed? ○ **Brian** - Every month. • **William** – Walked through phase II budget approach for $5 million. ▪ 2018-2021 • **Rhonda -** Do we need to pay taxes on this? ○ **Carol –** This has been an ongoing debate for the ACH's ○ **William –** I will look into it. • **William** - This is an approach, not the final budget. Assume that certain areas will taper and drop off.	• **Ed** – Motion to approve June financial report. Seconded by Brian. Motion carries. • **Brian** – Motion to approve Phase I budget. Seconded by Darlene. Motion carries. • **Brian –** Motion to approve this phase II budget approach. Seconded by Madelyn. Motion carries.

	• **Brian** – We also talked about leaving discretion to the board to move dollars back and forth within categories. • **Ed** – Is the TAC budget specifically for TAC, or possibly other experts? ○ **William –** These dollars are set aside for consultants as needed.	

Fixed Asset Policy	• **William** – This policy defines what is constitutes a fixed asset.
	  ○ Anything over $1k is a fixed asset
	  ○ Any grouping of things for a project, ie furnishing an office would also be considered a fixed asset.
	  ○ We don't have anything currently that has exceeded $1k.
	
	• **Madelyn** – Should we consider moving the limit up to $3k?
	  ○ **William** – open to changing this and bumping up the limit.
	  ○ **Darlene** - suggest talking to auditors.
		• **Ed –** Motion to approve the fixed asset policy. Seconded by Darlene. Motion carries.

Financial Committee Charter	• **William –** One of the requirements for phase II certification is that we have a finance committee charter. We have used a skeleton provided by Cathy H to start ours. Some changes I made to better fit our organization include:
	  ○ 3-5 members at the Board's discretion
	• **Brian** – Under composition, would the additional members come from inside or outside the board?
	  ○ **William** - either, it's at board's discretion (could be outside financial experts if needed/wanted)
	• **Dan** - Is one-year term normal for finance committee? It can sometimes take members longer than a year to get up and running.
	  ○ **Brian**- These members would rotate on and off. maybe increase to more than one year
	  ○ **William** – In other organizations I've worked for, the members serve two years and alternated the years in which they rotate off.
	  ○ **Rhonda** – Is this consistent with our bylaws? We need to make sure of that.
	• **Brian/Rhonda** – The Treasurer should be chair of committee.
	• **Brian –** I would suggest that we vet it against bylaws and bring it back next meeting.	

NEW BUSINESS		**Action Items**
Discussion/Possible Action	• **Carol** – All of these items were covered earlier in the meeting: ○ Project Selection Criteria	

	o Updated GCACH Timeline for Project Planning/Selection Process o Demonstration project workflow o Formation of TAC (Technical Advisory Committee)	
ADDED AGENDA ITEMS		**Action Items**
Role of the Executive Committee	• **Ed** - Can we form a charter to inform the work that the executive committee is doing? o **Carol** – Currently, our only guidance in is the bylaws, we have no charter. • **Madelyn**- Read the current bylaw "shall consist of the officers of the board who are the president, vice president, secretary, treasurer and past president", and they can conduct regular business between meetings if expressed.	
PUBLIC COMMENT		**Action Items**

	• **Corrie** - Worried about the possibility of cutting out some of the project teams. We need to get ahead of that messaging to project teams, because people put a lot of time into them.
	• **Deb Gauck** - LOI/RFQ process- the project teams and their recommendations acknowledge that local communities may want to implement different approaches in each project area. Each project team in their recommendation included 2 or more approaches. I believe I heard at the last meeting that these organizations would be able to include approaches not included in the project recommendations. That means even more variation. There is usually an opportunity in between to align those approaches. Maybe we consider our timing of all of this.
	• **Carol** – Dan just brought up that our October meeting date is the same as the Healthier Washington Symposium. We should consider moving this meeting date to possible the 26th of October. We'll send out a doodle poll.
	• **Carol** – What are the next steps for the TAC?
	    o **Ed** – I think that as the Executive Director, Carol can pull the members of that together.
	    o **Madelyn** – I would encourage cultural diversity on this committee.	

ADJOURNMENT		**Action Items**
	Meeting was adjourned at 2:54 pm. Minutes taken by Megan Kummer & Aisling Fernandez	
	Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!	

	The regular Board meetings for 2017 will be from 12-2:30 p.m. on the following dates:	
	• August 17th (UnitedWay in Kennewick) • September 21st (Columbia Basin College in Pasco) • October 19th • November 16th • December 21st	