



## Greater Columbia Accountable Community of Health

*Collaboration • Innovation • Engagement*

### Board of Director Meeting Minutes

June 21, 2018 | 12:00 pm – 2:30 pm

United Way | 401 N Young Street, Kennewick, WA 99336

#### ATTENDANCE

<b>Board Members (* denotes they called in):</b>	Rhonda Hauff, Lori Brown, Carrie Green, Sandra Suarez, Ruben Alvarado, Ed Thornbrugh, Jim Aberle, Brian Gibbons*, Darlene Darnell*, Caitlin Safford*, Ronni Batchelor*, Dan Ferguson* Tonya Kreis, a Yakama Nation Representative, attended.	
<b>Guests (* denotes they called in):</b>	Shannon Jones, Sarah Bollig Dorn, Martha Lanman, Sierra Foster, Danika Gwinn	
<b>Staff:</b>	Carol Moser, Kylee Spence, Wes Luckey, Aisling Fernandez, Rubén Peralta, Lauren Johnson, Sam Werdel, Diane Halo, Jenna Shelton, Patrick Jones	
<b>Special Thanks:</b>	Thank you to United Way for use of the facility	
<b>Welcome &amp; Introductions:</b>	<ul style="list-style-type: none"> <li>• Rhonda Hauff, GCACH Board President, facilitated the meeting.</li> <li>• Quorum was met with a total of 12 members present for voting, five of whom called in.</li> <li>• The Board reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval.</li> </ul>	
<b>MINUTES &amp; REPORTS</b>		<b>Action Items</b>
<b>Consent Calendar (Board)</b>	<ul style="list-style-type: none"> <li>• 5/17/18 Board Meeting Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Sandra Suarez to approve the consent agenda as presented. Seconded by Lori Brown. Motion passed.</li> </ul>
<b>Presentation: From Silos to</b>	<ul style="list-style-type: none"> <li>• Sam Werdel, GCACH’s Director of Practice Transformation, gave a presentation called, “The Basics on GCACH Alignment from Siloed Projects to Transformation of Care.”</li> </ul>	

<p><b>Transformation of Care (Sam Werdel)</b></p>	<ul style="list-style-type: none"> <li>○ She defined and compared: <ul style="list-style-type: none"> <li>▪ Transformation of Care</li> <li>▪ Patient-Centered Medical Homes (PCMH)</li> <li>▪ Change Concepts</li> </ul> </li> <li>○ Talked about how the different areas of the toolkit are related- tools are the same except for bi-directional.</li> <li>○ Defining Actions of a Patient-Centered Medical Home: Access and Continuity, Planned Care for Chronic Conditions and Prevention, Risk Stratified Care Mgmt, Coordination of Care across the medical neighborhood</li> <li>○ Value-based care: Centers on Patient outcomes, how well healthcare providers improve quality of care based on specific measures such as hospital readmissions, using certified health IT, improving preventive care <ul style="list-style-type: none"> <li>▪ Top three (3) needs for VBR sustainability.</li> </ul> </li> </ul> <div data-bbox="441 738 1144 1161" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: #f4a460; color: white; padding: 2px;"><b>Consistency</b></p> <p><b>The most common measures in VBR contracts</b> remain the same year to year</p> <ul style="list-style-type: none"> <li>• Follow-up after hospitalization</li> <li>• Emergency room use</li> <li>• Readmission rates</li> </ul> <p>For most provider organization executives, these constitute the “must have” organizational performance measures if you’re interested in building partnerships with health plans.</p> </div>	<div data-bbox="1270 105 1963 584" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="background-color: #f4a460; color: white; padding: 2px;"><b>Patient-Centered Medical Home (PCMH)</b></p> <p>Research identifies <b>six</b> fundamental elements that define a primary care practice as operating as a medical home:</p> <ul style="list-style-type: none"> <li>• A care team that extends beyond the primary care physician (PCP)</li> <li>• Disease registry utilization</li> <li>• Comprehensive care delivery that involves necessary preventive care and chronic disease management</li> <li>• Active patient engagement</li> <li>• Improved <a href="#">patient access</a></li> <li>• Cross-continuum care coordination</li> </ul> </div> <ul style="list-style-type: none"> <li>• More and better data management and reporting for managing VBR contracts</li> <li>• A technology infrastructure that supports VBR</li> <li>• Management talent with the expertise to use that data to manage care</li> <li>○ Volume-to-value shift. Physicians can assess their patients proactively. Reimbursement comes back to the physician. There was a robust conversation about the keys to winning the volume to value shift, and whether or not putting the physician in charge was one of the keys. Within our region a provider might be responsible for patient measures, but not even treat that patient.</li> </ul>
<p><b>YTD and December Financial Reports (Kylee Spence)</b></p>	<ul style="list-style-type: none"> <li>• Kylee Spence reviewed the Balance Sheet, the Budget vs. Actuals 2018, and the May 2018 Statement of Activity. These financials have been reviewed by the Finance Team.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Brian Gibbons to approve the financial reports. Seconded by Ed Thornbrugh. Motion passed.</li> </ul>

<b>GCACH Report &amp; Updates (GCACH Staff)</b>	<ul style="list-style-type: none"> <li>• Topics Included: <ul style="list-style-type: none"> <li>○ <u>Provider Engagement Funds</u>: Payments continue to roll out bi-weekly within the WAFE Portal! The stipend amount is based on the following: submission of LOI, registration within the WAFE Portal, participation as a project facilitator, and participation as a GCACH board member. 44 organizations have been paid, releasing a total of \$144,000. The next payment date is June 29th. Depending on Board approvals, June 29th payment may include payment for completing the Current State Assessment. More categories and efforts are being discussed for future engagement payments.</li> <li>○ <u>WAFE Portal Registration and Payments</u>: Go to: <a href="https://wafinancialexecutor.com/">https://wafinancialexecutor.com/</a></li> <li>○ <u>LHIN Priority Deliverables</u>: Congratulations to BFCHA (\$30,000), Kittitas County Health Network (\$30,000), Whitman County Health Network (\$30,000), and SE WA Health Partnership (\$15,000) for completing priority deliverables due June 30th:</li> <li>○ <u>Practice Transformation Training</u>: Practice transformation training has continued to move forward. Wes and Jenna have completed reading all 32 modules included in the Practice Transformation curriculum. Additionally, Wes and Jenna have completed the Safety Net Medical Home Initiative (SNMHI) – Change Concepts for Practice Transformation. Additionally, Jenna and Sam have begun some “hands-on” training with Tri-Cities Community Health’s IT Department for an extensive overview of the Nextgen process and infrastructure.</li> <li>○ <u>Yakama Nation Treaty Days</u>: This year marks the 163rd anniversary of the signing of the treaty that formed the Yakama Nation Tribe. GCACH’s Community and Tribal Engagement Specialist, Rubén Peralta and his daughter, had the honor of representing GCACH at the Yakama Nation’s Treaty Days celebration. Rubén set up an informational booth at the celebration to spread the word about what GCACH is working to accomplish in our region.</li> <li>○ GCACH CSA Submissions by Sector: Lauren is using Maptitude, a GIS and mapping software, to create maps and map images from data spreadsheets.</li> </ul> </li> </ul>	
<b><i>ACTION ITEMS &amp; DISCUSSIONS</i></b>		
<b>Approval of Additional Categories for Engagement Funding (Kylee Spence):</b>	<ul style="list-style-type: none"> <li>• This action was for the approval of several new categories for provider engagement funding: <ul style="list-style-type: none"> <li>○ Current State Assessment Submission: \$1,000 (Received 55 total)</li> <li>○ Practice Transformation Work Group Members: \$15,000 (18 members total)</li> <li>○ Quality Improvement Team: \$15,000 (Only contracted providers)</li> <li>○ Direct Messaging (Non-Medicaid Only): \$1,000 (25 non-Medicaid providers)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Sandra Suarez to approve additional categories for Provider Engagement Funding. Seconded by Carrie Green. Ed Thornbrugh abstained. Motion passed.</li> </ul>
<b>Mid-Adopter Funding for</b>	<ul style="list-style-type: none"> <li>• <u>Situation</u>: Greater Columbia Behavioral Health (GCBH) providers have earned integration incentive funding (IIF) by submitting a binding letter of intent to the</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Lori Brown to accept the formula for</li> </ul>

<p><b>Behavioral Health Agencies (Carol Moser, Danika Gwinn):</b></p>	<p>Health Care Authority to become Mid-Adopters by January 1, 2019. GCACH staff has worked with GCBH staff to determine the funding distribution for Phase One for each organization which is found in the recommendation portion of this document.</p> <ul style="list-style-type: none"> <li>• <u>Discussion included:</u> <ul style="list-style-type: none"> <li>○ Requests that the document be as collaborative as possible, and that it be a Contract, not MOA.</li> <li>○ Clarification that the purpose of the document is to be a good steward to the funds and to protect the GCACH Board</li> <li>○ Rhonda suggested getting clarification from HCA regarding origin and ownership of funds.</li> <li>○ Carol will work with Danika and Isabel and send out a revised draft Contract and get approval from the Board.</li> </ul> </li> <li>• <u>Proposed Recommendation</u> <p><i>The Board of Directors approves the proposed funding distribution:</i></p> <ul style="list-style-type: none"> <li>• <u>Use the BHO Medicaid Allocation % by County per GCBH Organization</u></li> <li>• <u>Reserve 15% as a contingency fund to be used for consulting or issues affecting all GCBH providers in the amount of \$673,556</u></li> <li>• <u>Allocate 2% or \$68,000 for administrative expenses to develop an integration plan that will be reflected in the implementation planning document, and oversee the distribution and Memorandum of Agreements for each behavioral health agency.</u></li> <li>• <u>Distribute the Mental Health and Substance Use Disorder funding as developed by GCBH staff</u></li> </ul> </li> <li>• In summary, there was a lengthy discussion that resulted in a motion to pass the formula with recommended follow-up steps.</li> </ul>	<p>the funding distribution as presented and seconded by Carrie Green. Sandra Suarez and Ed Thornbrugh abstained.</p>
<p><b>Community Health Fund- Process for Distribution (Rubén Peralta, Carol Moser)</b></p>	<ul style="list-style-type: none"> <li>• <u>Situation:</u> GCACH staff is developing the methodology to distribute the \$997,600 Community Health Fund to address Social Determinants of Health. In addition, we are revising the original methodology to capture consumers’ voice to allow Local Health Improvement Networks more freedom to face the challenges particular to their area.</li> <li>• <u>Discussion:</u> The GCACH plan for Consumer Engagement differs from other ACHs which have only one consumer council (which requires a lot of the ACHs’ resources). Jac Davies, Kirk Williamson, Rhonda Hauff, Ruben Peralta and Carol</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made by Carrie Green to approve the allocation methodology for consumer engagement. Seconded by Ruben Alvarado. Motion passed.</li> </ul>

	<p>Moser created a group to plan suitable approaches to capturing consumer voices in our the vast GCACH region.</p> <ul style="list-style-type: none"> <li>• <u>Proposed Recommendation</u>: The GCACH Board of Directors approves the Community Health Fund and Capturing the Consumer Voice methodologies as presented.</li> </ul>	
<p><b>Letter to Washington Congressional Representatives (Carol Moser)</b></p>	<ul style="list-style-type: none"> <li>• GCACH wrote a letter of support for the Mental Health Access Improvement Act of 2017 (S.1879/H.R.3032) to Senator Patty Murray.</li> <li>• The Board discussed the letter that brings attention to the need for BH providers and for BH providers to work at the top of their training, how the Waiver relates to BH issues and the savings that can be achieved, and how better services can be provided for rural, underserved communities. BFCHA sent a similar letter.</li> <li>• The Board approved the letter.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made by Sandra Suarez to approve the letter to WA Congressional Representatives. Seconded by Ronni Batchelor. Motion passed.</li> </ul>
<p><b>Preliminary Results of the Current Needs Assessment (Wes Luckey)</b></p>	<ul style="list-style-type: none"> <li>• Wes reviewed the Current State Assessment (CSA) Preliminary Summary Analysis.</li> <li>• <u>Summary of the CSA</u>: The GCACH CSA included 110 questions and contained questions relating to demographics of population-served, the four GCACH project areas, Domain 1 areas, syringe exchange programs, community paramedicine and more. It will be used not only to complete the Semi-Annual Report but also to prioritize providers and assess provider readiness and willingness for Practice Transformation.</li> </ul>	
<p><b>OHSU and GCACH-CSAs- Processes of Prioritization (Sam Werdel, Carol Moser, Wes Luckey)</b></p>	<ul style="list-style-type: none"> <li>• Sam, Carol, and Wes reviewed the CSA Tiering Analysis and the OHSU Tiering Analysis documents.</li> <li>• OHSU consultants reviewed and prioritized the organizations. GCACH has more information on these organization, and it was hard for the OHSU reviewers to fairly evaluate the organizations since many of the forms were only partially completed.</li> </ul>	
<p><b>Car Leases for GCACH Staff (Kylee Spence, Diane Halo)</b></p>	<ul style="list-style-type: none"> <li>• Kylee and Diane talked about their research and cost analysis of options for staff to have access to a company car, specifically through a lease. It is not allowed to use the funds to purchase a car and it saves GCACH significant funds to have staff use a company car compared to reimbursing staff to use their own cars for work travel. They asked the Board for suggestions.</li> </ul>	
<p><b>Adjournment</b></p>	<ul style="list-style-type: none"> <li>• Rhonda Hauff asked for a motion to adjourn at 2:42 p.m.</li> <li>• Notes taken by Aisling G. Fernandez</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made by Sandra Suarez to adjourn the June GCACH Board meeting. Seconded by</li> </ul>

		Ronni Batchelor. Motion passed. Meeting adjourned.
--	--	--

**Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!**

The regular Board meetings will be (from 12-2:30 p.m. at Tri-Cities Community Health (TCCH), 800 W Court Street, Board Room) on the following dates:

- Thursday, July 19, 2018 (Teleconference Board meeting only, no Leadership Council meeting in July.)
- Thursday, August 16, 2018
- Thursday, September 20, 2018
- Thursday, October 18, 2018
- Thursday, November 15, 2018
- Thursday, December 20, 2018