



## Greater Columbia Accountable Community of Health

*Collaboration • Innovation • Engagement*

### Board of Directors

### Meeting Minutes

September 20, 2018 | 12:30 pm – 3:00 pm

Tri-Cities Community Health | 800 W. Court Street, Pasco, WA 99301

#### ATTENDANCE

<b>Board Members (* denotes they called in):</b>	Les Stahlnecker, Sandra Suarez, Julie Petersen, Ronni Batchelor, Dan Ferguson, Ruben Alvarado, Caitlin Safford, Ed Thornbrugh, Brian Gibbons, Meghan DeBolt*, Darlene Darnell*
<b>Guests (* denotes they called in):</b>	Adam Davis, Rob Arnold, Dr. Kevin Martin, Dan Vizzini*, Heidi Bertoud*, Emily Buechler*
<b>Staff (* denotes they called in):</b>	Carol Moser, Wes Luckey, Becky Kolln, Rubén Peralta, Lauren Johnson, Sam Werdel*, Diane Halo, Jenna Shelton, Martin Sánchez, Patrick Jones
<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 11 members present for voting to start the meeting</li> <li>• The Board reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval.</li> </ul>

#### MINUTES & REPORTS

		Action Items
<b>Consent Calendar</b>	<ul style="list-style-type: none"> <li>• 8/16/18 Board Meeting Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Darlene Darnell to approve the consent agenda. Seconded by Sandra Suarez. Motion passed.</li> </ul>
<b>GCACH Report &amp; Updates (GCACH Staff)</b>	<ul style="list-style-type: none"> <li>• Due to time constraints, staff asked Board members to review on their own.</li> </ul>	

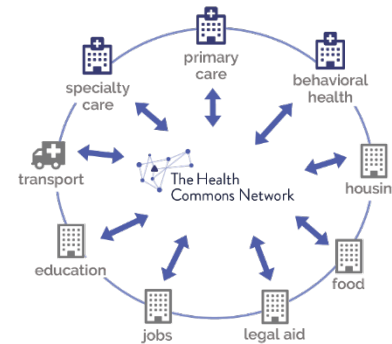
#### PRESENTATION

		Presenters
<b>Introduction to HealthCommonsProject.org</b>	<ul style="list-style-type: none"> <li>• The Health Commons Network (Commons) is a digital communication system that connects health and social service agencies in a community.</li> </ul>	<ul style="list-style-type: none"> <li>• Rob Arnold, CEO of <a href="#">Quad Aim Partners</a> and founding</li> </ul>

**and Pilot Project with KCHN**

Where agencies in a Natural Community of Care are connected to the commons:

1. Providers can share the information needed to coordinate and track care as an integrated team.
  2. Organizations can disseminate strategies, workflows, and best practices that can improve health and well-being.
- The Commons operates like a public utility. Partnering organizations in a Natural Community of Care develop a financial model to sustain the Commons. Each organization that connects to the Commons uses their voice to drive the system improvements.
    1. When you join the Health Commons Project, you are assigned a Commons Project Team. The team works with your organization at the "grassroots" level to create and sustain a Natural Community of Care.
  - Key components: Access to Community Health Record, EHR Integration, e-Referral System, and Community Dashboard including services needed and wait times.
  - Dr. Kevin Martin discussed Kittitas' need for flow of information. Through the beginning stages of the Health Commons Project, Kittitas found that there were people that the police and fire department were interacting with, that the hospitals were not seeing. Through the project, Kittitas has had a chance to learn more about patients and find specialized ways to help them, avoiding emergency services such as the fire department and police departments.
    1. KCHN started a group called the "A-Team" to offer care coordination services. The group is a community based ad hoc group with representation from the skilled nursing facility (SNFs), primary care systems, assisted living, hospital social work, hospice, the fire departments, Aging and Long-Term Care, the school district, law enforcement and Central Washington University (CWU).



member of [HealthCommonsProject.org](http://HealthCommonsProject.org)

- Adam Davis, Doctorally-prepared Family and Psychiatric Nurse Practitioner
- Dr. Kevin Martin, MD, [Kittitas Valley Healthcare](http://KittitasValleyHealthcare.org) (KVH)

	<ul style="list-style-type: none"> <li>• Rob and Adam discussed the need for organization in the flow of information. <a href="http://HealthCommonsProject.org">HealthCommonsProject.org</a> is a technological platform that connects health and social service providers together to improve patient/client care transitions into one e-referral network.</li> <li>• Adam shared his organization’s work with the Health Commons Project over the past 5 years. His program is called <a href="#">FDCARES</a>, and focuses on high risk, high utilizing populations. Through his work, Adam and his team learned that there are many community members working to provide care for individuals, but they are not communicating. They are working on building relationships between hospice, housing, behavioral health providers, fire departments and police.</li> <li>• Adam highlighted the opportunity to work across communities. This will keep costs affordable and learn from each other.</li> <li>• <a href="#">Click here for Introduction to HealthCommonsProject.org Presentation.</a></li> </ul>	
<p><b>Health Home Model: Care Coordination Pilot Program</b></p>	<ul style="list-style-type: none"> <li>• The <a href="#">Health Home Model</a> started out of section 2703 of the Affordable Care Act. The two strategies for the model was to compare the fee-for-service model and the fully-capitated model.</li> <li>• Apple health offers all clients who are eligible for Medicaid or dual-eligible to receive Health Home Services in Washington State.</li> <li>• The demonstration is only for the dual fee-for-service population.</li> <li>• Those that are eligible for the demonstration must fall in the following categories: <ol style="list-style-type: none"> <li>1. Chronic condition</li> <li>2. All ages (birth-end of life)</li> <li>3. High utilizers of the Emergency Department (ED)</li> <li>4. High risk score of 1.5 or greater in the <a href="#">Predictive Risk Intelligence System (PRISM)</a>.</li> </ol> </li> <li>• Once an individual scores 1.5 or greater, they will be eligible for a Health Home for the rest of their time on Medicaid/Medicare services.</li> <li>• Health Home services include: <ol style="list-style-type: none"> <li>1. <a href="#">Comprehensive Care Management</a>: establish person centered goals.</li> <li>2. <a href="#">Screening</a>: Patient-Activation Measure (PAM), collect BMI, PHQ-9, Activities of Daily Living (ADL), other additional screenings.</li> <li>3. <a href="#">Care Coordination</a>: Coordination across the full continuum of services and settings (regardless of change in location).</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Emily Buechler, SE WA Aging &amp; Long-Term Care</li> </ul>

	<ol style="list-style-type: none"> <li>4. <u>Health Promotion Disease Prevention</u>: Providing education based on the client’s level of engagement based off the PAM.</li> <li>5. <u>Comprehensive Transitional Care</u>: Medication review upon discharge, ensuring follow-up with primary care provider, organizing discharge paperwork.</li> <li>6. <u>Individual Family and Support</u>: working with family regarding patient’s care/diagnosis and referrals to programs.</li> <li>7. <u>Referrals to Community and Social Support Services</u>: housing, food bank referrals, etc.</li> </ol> <ul style="list-style-type: none"> <li>• Batchelor-prepared social workers, registered nurses, licensed mental health, affiliated mental health and chemical dependency providers are eligible to provide Health Home services.</li> <li>• Changes coming to Health Home services: <ol style="list-style-type: none"> <li>1. Area 7: Optum no longer provides Health Home services.</li> <li>2. SE WA Aging and Long-Term Care will be the only community-based lead in Area 7.</li> <li>3. United Healthcare will be pulling their presence from our area effective December 31, 2018.</li> </ol> </li> <li>• Barrier: Lack of a single reporting platform and concerns over rates and sustainability.</li> <li>• Shared Savings Program: CMS and the Health Care Authority (HCA) have certain measures that providers must reach. They roll some of those measures down to the lead entities as performance measures. Based on the entity’s performance, performance enhancement payments may be received. CMS will take the number of people actively engaged in Health Homes, select a quarter, and if you succeed 30% engagement within that quarter, CMS will take the amount of money that was billed each month, multiple it by 5% and send a check to that entity.</li> </ul>	
<b>ACTION ITEMS</b>		
<b>Year-to-Date (YTD) &amp; September Financial Reports (Becky Kolln)</b>	<ul style="list-style-type: none"> <li>• Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Balance Sheet, the Budget vs. Actuals 2018, and the August 2018 Statement of Activity.</li> <li>• These financials had been previously reviewed by Brian Gibbons, GCACH Treasurer, and recommended for approval.</li> </ul>	<p style="text-align: center;"><b>Action Items</b></p> <ul style="list-style-type: none"> <li>• Motion by Brian Gibbons to approve the YTD and September financial reports. Seconded by Sandra Suarez. Motion passed.</li> </ul>

<p><b>Project Engagement, Participation and Implementation Funding Report (Becky Kolln)</b></p>	<ul style="list-style-type: none"> <li>• Becky introduced the Project Engagement, Participation and Implementation Funding Report to the Board of Directors.</li> <li>• New line items include payouts for PTW Membership, completion of the MeHAF and PCMH-A assessments, QI Team, Base Population Health Funds and Base Practice Transformation Funding.</li> <li>• This document had been previously reviewed by Brian Gibbons, GCACH Treasurer, and recommended for approval.</li> </ul>	<ul style="list-style-type: none"> <li>• Brian Gibbons motioned to approve the Project Engagement, Participation and Implementation Funding Report with payouts for PTW Membership, completion of the MeHAF and PCMH-A, QI Team, base population health funds and base practice transformation funding. Seconded by Dan Ferguson. Motion passed. Caitlin Safford abstained.</li> </ul>
<p><b>Duplication Funding Policy (Becky Kolln)</b></p>	<ul style="list-style-type: none"> <li>• Becky reviewed the final version of the Duplication Funding Policy with the Board of Directors.</li> <li>• The purpose of the Duplication Funding Policy is to clearly define that Providers may not be paid for the same contractual deliverables or population health management infrastructure from Greater Columbia’s funding sources; The Integration Incentive Fund, and the Deliver System Reform Incentive Payment (DSRIP) Project Incentive Funds.</li> <li>• This document had been previously reviewed by Brian Gibbons, GCACH Treasurer, and recommended for approval.</li> </ul>	<ul style="list-style-type: none"> <li>• Brian Gibbons motioned to approve the Duplication Funding Policy. Seconded by Ronni Batchelor. Motion passed.</li> </ul>
<p><b>UPDATES</b></p>		<p><b>Action Items</b></p>
<p><b>CBO and Partner Funding SBAR (Carol)</b></p>	<ul style="list-style-type: none"> <li>• Carol reviewed the Community Collaborations and Health Systems Partners SBAR. Carol mentioned that she is looking for input from the Board members on how to address and formalize care coordination. After we pay out our population health management funding, there will be approximately \$2 million dollars left in 2017 funds to pay out to our care coordinators.</li> <li>• All Board members agreed that they would like to pilot something, but that is to be determined.</li> </ul>	<ul style="list-style-type: none"> <li>• Carol agreed to gather a group of Board members, the Landlord Association, and others interested in community collaborations and health system partners to determine a pilot project.</li> </ul>
<p><b>PCMH Tracker (Carol Moser)</b></p>	<ul style="list-style-type: none"> <li>• This document lays out the processes that the GCACH Practice Transformation Team will be going through as they work with our initial cohort of partnering providers towards PCMH.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The providers in yellow are those that we hope to complete before the end of next month (October).</li> <li>• The providers in blue are those that we hope to complete by the end of the year.</li> <li>• Providers highlighted in red are known as “exemplar clinics.”</li> </ul>
<b>Cross ACH List of Common Trainings (Carol Moser)</b>	<ul style="list-style-type: none"> <li>• Carol introduced the Cross ACH List of Common Trainings to the Board of Directors.</li> <li>• The document outlines trainings across Washington State, and had input from all of the ACH Leaders.</li> <li>• With regard to Change Management, GCACH has contracted with Hindsight Healthcare Strategies for assistance in change management, PCMH, and our Implementation Plan.</li> </ul>
<b>ACH Legislative Flyer (Carol Moser)</b>	<ul style="list-style-type: none"> <li>• Carol briefly reviewed the ACH Legislative Flyer with the Board of Directors. This document includes the LHIN map, GCACH Board of Directors, a brief description of our project areas and the funds flow. All ACHs are using the same format, and presented their ACH’s information at the September ACH Peer Learning meeting to legislators and officials from the Governor’s office.</li> </ul>
<b>October Health Fair/LHIN Presentations (Rubén Peralta)</b>	<ul style="list-style-type: none"> <li>• Rubén mentioned the October Leadership Council Meeting, we will be asking the LHINs to do a report-out of current activities and progress on their selection of the third-party administrator and the social determinants they are going to address.</li> <li>• We will also be hosting a health fair, asking CBOs to host tables at the event.</li> <li>• The event will be on October 18<sup>th</sup> at United Way of Benton and Franklin Counties.</li> </ul>
<b>Practice Transformation Kick-Off Celebration (Lauren Johnson)</b>	<ul style="list-style-type: none"> <li>• Lauren reminded the Board members about the Practice Transformation Kick-Off Celebration on Thursday, September 27<sup>th</sup>.</li> <li>• The event will be at Walter Clore Wine &amp; Culinary Center in Prosser, Washington.</li> </ul>
<b>ADJOURNMENT</b>	
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>• Meeting adjourned at 2:55 p.m.</li> <li>• Minutes taken by Lauren Johnson.</li> </ul>
<p><b>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</b></p> <p>The Board meetings will be (from 12:30-3:00 p.m.) on the following dates:</p> <ul style="list-style-type: none"> <li>• Thursday, October 18, 2018   United Way of Benton and Franklin Counties</li> <li>• Thursday, November 15, 2018   Tri-Cities Community Health</li> <li>• Thursday, December 20, 2018   Tri-Cities Community Health</li> </ul>	