Greater Columbia Accountable Community of Health
Collaboration · Innovation · Engagement

Leadership Council Meeting Minutes
June 21, 2018 | 9:00 am – 11:30 am
United Way of Benton and Franklin Counties, 401 N Young St, Kennewick, WA 99336

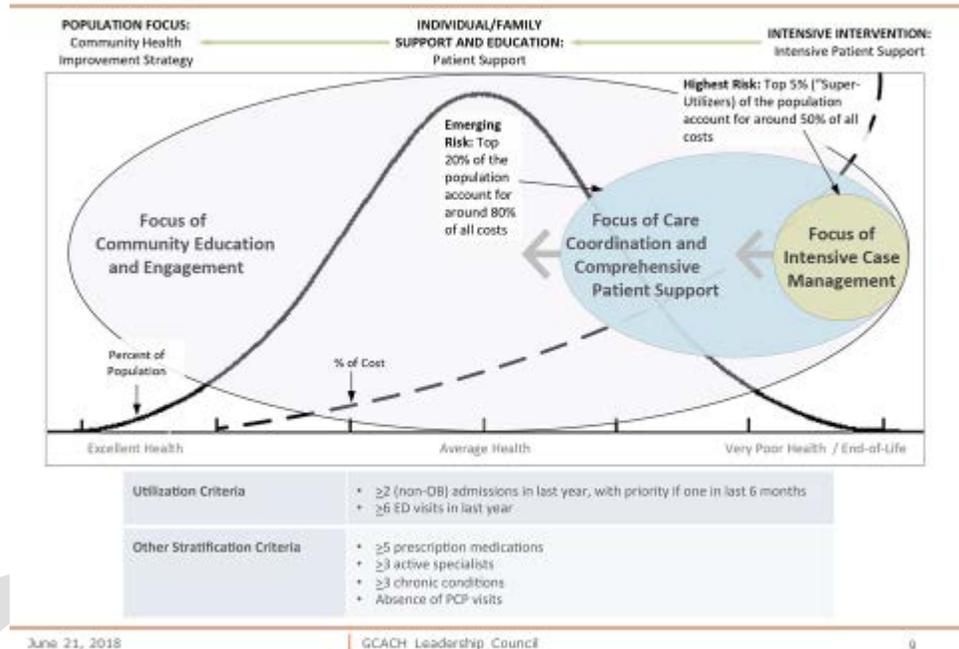| ATTENDANCE	
Participants: ** denotes they called in* *† denotes a Board member*	TJ Ozborne, Dr. Stephanie Fosback, Leslie Robinson, Mike Maples, Ericka Quinones, Mel (CHCW), Susan Bassham, Julie Distel, Joyce Newsom, Jennifer Felicitas, Marie Reddout, Karla Greene, Kristy Mellema, Dave Wilson, Susan Sisson, Becky Grohs, Sarah Bollig Dorn, Bill Dixon, Barbara Mead, Gordon Cable (Lourdes), Courtney Ward (Amerigroup), Aida Juarez (TCCH), Lori Brown†, Shereen Hunt, Dr. Jeff Thompson, Wally Lee, Carol Long, Stacy Kellogg, Sarah Dusky, Carol Wallingford, Mark Loes, Lydia Minnick (TCCH), Joe Vela, Sam Werdel, Jenna Shelton, Rhonda Hauff†, Jocelyn Pedrosa, Lisa Hefner, Diane Campos (YHNS), Whitney Garcia, Sarah Giomi, Sherri Haga (Astria), Joel Bellet, Martha Lanman, Shelley Little, Michele Gerber, Eric Nelson, Eury Gallegos, Kristi Needham (TCCH), Anastasia Barnard, Jenny Garcia, Christina Rodriguez, Veronica Guitierrez, Millard McQuaid, Sandra Suarez, Angelina Thomas, Sandra Aguilar, Grant Baynes, Bonnie Benitz, Michele Crowley, Andrea Davis, Theresa Kwate, Sierra Foster, Susan Campbell, Dr. Larry Jecha, Jorge Rivera, Ben Shearer, Mandee Olsen, Chas Hornbaker, Sean Domagalski, Bethany Hickey, Miguel Messina, Lily Gonzalez, Matt Davy, Dr. Kevin Martin, Bertha Lopez, Mark Wakai*, Stein Karspeck*, Shawnie Haas*, Rob Watilo*, Brian Sandoval*, Meghan DeBolt†*, Kirk Williamson* Corrie Blythe*, Liz Whittaker*, Bill Dunwoody*
Staff/Contractors:	Carol Moser, Wes Luckey, Sam Werdel, Jenna Shelton, Rubén Peralta, Lauren Johnson, Diane Halo, Aisling Fernandez, Patrick Jones
Special Thanks:	Thank you, United Way, for providing the meeting space.
REPORTS, PRESENTATIONS, & DISCUSSIONS	

Welcome & Introduction (Patrick Jones):
 	
GCACH Report (GCACH Staff):
	• Welcome & Introductions: Patrick Jones, Ph.D. Executive Director of the Institute for Public Policy & Economic Analysis at Eastern Washington University, facilitated the meeting. He welcomed participants to the meeting. Participants around the room introduced themselves by name and organization.
	• Carol Moser, Executive Director, welcomed everyone, said thank you for coming.
	    • She reviewed summary of the tasks at hand for the meeting and the timeline for GCACH for the upcoming months.
	    • The people who come to the GCACH meetings are also the people who will be changing the healthcare delivery system.
	    • There are six LHINS and the Yakama Nation which meet separately from GCACH and this is where community input is found. The Community Health Fund, 1 million dollars total, will support access for Social Determinants of Health and is the most generous community health fund of the nine Washington State ACHs.
	• GCACH Report Included:

	- Practice Transformation: 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. - WAFE Portal Registration and Payments: Go to: https://wafinancialexecutor.com/ - LHIN Priority Deliverables: Congratulations to the Local Health Improvement Networks for completing priority deliverables due June 30th earning each of them some funds. - Practice Transformation Training: 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. - Yakama Nation Treaty Days: 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. - GCACH CSA Submissions by Sector: Lauren is using Maptitude, a GIS and mapping software, to create maps and map images from data spreadsheets.

Mid-Year Report Deliverables, Initial Findings from CSA Presentation (Wes Luckey):	- Wes Luckey, GCACH Deputy Director, gave a presentation called "2018 Semi-Annual Report Deliverables and Preliminary Current State Assessment Findings."
	 - The 2018 Semi-Annual Report, or SAR, is an important document based on Pay-For-Reporting (P4R) deliverables to receive funds. We estimate it might be worth about 10 million dollars, so we really need LC feedback today that will be inform the SAR. The first SAR is due on July 31st, 2018.
	 - This one is exclusively tied to Pay for Reporting. In the future, it will be a combo of P4R and Pay for Performance (P4P) measures (Christmas tree).
	 - SARs intended to determine ACH progress specific to each stage of project activities. Represent the core stages of project activities that pertain to project planning, project implementation, and efforts to scale and sustain:
	   - **Milestone 1**: Assessment of Current State Capacity
	   - **Milestone 2**: Strategy Development for Domain I Focus Areas (Systems for Population Health Management, Workforce, Value-based Payment)
	   - **Milestone 3**: Define Medicaid Transformation Evidence-based Approaches or Promising Practices, Strategies, and Target Populations (this is what the Leadership Council focused on during this meeting)
	   - **Milestone 4**: Identification of Partnering Providers
	 - Medicaid transformation project toolkit provided options for evidence-based tools that were chosen by the project teams.
	 - Slide 9 (see image below) shows groups with varying levels of risk within the Medicaid population, the High Utilizers (yellow circle), the Emerging Risk group (blue circle), and the Community Engagement Group (grey circle). The blue circle for

emerging risk is the sweet spot for practice transformation.

GCACH Logic Model: A focus on varying levels of risk

POPULATION FOCUS:
Community Health Improvement Strategy

INDIVIDUAL/FAMILY SUPPORT AND EDUCATION:
Patient Support

INTENSIVE INTERVENTION:
Intensive Patient Support

Highest Risk: Top 5% ("Super-Utilizers) of the population account for around 50% of all costs

Emerging Risk: Top 20% of the population account for around 80% of all costs

Focus of Community Education and Engagement

Focus of Care Coordination and Comprehensive Patient Support

Focus of Intensive Case Management

Percent of Population

% of Cost

Excellent Health   Average Health   Very Poor Health / End-of-Life

Utilization Criteria	• ≥2 (non-OB) admissions in last year, with priority if one in last 6 months • ≥6 ED visits in last year
Other Stratification Criteria	• ≥5 prescription medications • ≥3 active specialists • ≥3 chronic conditions • Absence of PCP visits

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- **Emerging Risk Group**: This group makes up the remaining top 20-25% of the highest risk individuals. They may have one or more chronic conditions but not yet accrued significant institutional utilization. Along with or subsequent to care management of high-utilizers, this group requires care coordination, chronic disease management and comprehensive patient/family support that includes management of behavioral health issues and social determinant needs, which are indicators of potential care utilization. CHWs and their counterparts play a strong role in managing this group.
- Wes also discussed the importance of sustainability and spread of the GCACH work for lasting change
- GCACH Current State Assessment (CSA):
  - The CSA response rate was 75%, which is phenomenal for a long survey. 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 para-medicine 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.
  - 05/07/2018: CSAs were submitted to the 78 organizations/programs who responded to the 2017 GCACH Letter of Interest (LOI), including Medicaid billing and non-billing providers.
  - 05/31/2018: 55 completed CSAs were received back, for a response rate of more than 70%.
  - CSA breakout- good response across GCACH sectors and counties.

	• Opportunity: 69% of the organizations said they don't currently have a population health management system.
Introduction to Breakout Session (Carol Moser & Patrick Jones):	• Patrick explained today's breakout session for the four workgroups. • All LC participants will break into one of the four project areas, workgroup leads will review the components in each of the areas that LC wants to touch on (following the provided template), review target populations, and be clear about WHO you're trying to help in this particular area. Discuss expansion or scaling possibilities, allocate time for the organizations represented around that table to say what their proposals are to the ACH, then project leads will report out.
Facilitated Project Area Breakout Session (Project Facilitators):	• Workgroups met to work through the templates.

Group Report Out (Project Facilitators & Patrick Jones):	• Project 2A: Bi-directional Integration of Physical and Behavioral Health
	  • Rhonda Hauff: Our workgroup reaffirmed the work despite mostly a new set of people attending today. Want to serve those with low-income and severe mental illness. The group talked about the BREE collaborative model, the Collaborative care model, about integration. Then there was a spirited discussion of the target population, a definition that we want to be measured against, not just serve. We want to have all the right partners at the table- this is everyone- workforce higher ed, school systems, penal system, payers. They had 13 organizations at the table.
	• Project 2C: Transitional Care
	  • Dr. Kevin Martin: They will try to reach the entire region before 2021. Greater Columbia ACH has identified certain practices that will be considered "exemplar practices," meaning that these practices have workflows in place that should be adopted by other practices within Greater Columbia ACH. Exemplar practices with supreme transitional care workflows will share their workflows with other practices. This agreement will be included in the contracts for all "exemplar practices."
	  • They had 12 or 13 organizations at their table.
	  • Emergency Department (ED) utilization is a focus within the region. GCACH will use a variety of transitional care services to reduce avoidable hospital utilization and ensure beneficiaries are getting the right care at the right place.
	• Project 3A: Addressing the Opioid Use Public Health Crisis
	  • Becky Grohs: This group had 15 agencies present with many new faces. Many of these organizations did not complete the CSA, but that's part of the solution. Looked at the evidence-based practices. ASEM practices and SUD network. A theme was communication in a siloed sector. Want to try to push the boundaries of that. Not just communication about individual patients but to have a larger network. Talked about target populations- at first focused on those at high-risk for Opiate Use Disorder (OUD), but decided to focus on pregnant women and on youth and a unique issue with elderly with OUD. Those who have OUDs in the past and intravenous (IV) drug users. We have so many patients with OUD we don't want to bite off we can choose. Provide wrap around services. Move upstream. Really focus more on OUD not just treating. When we address youth, think about educational system and housing partners. Include low-barrier housing. Job training and re-entry back into the community.
	• Project 3D: Chronic Disease Prevention and Control
	  • Bertha Lopez: At the chronic care table, they echoed what Rhonda said about many new members at the table. This workgroup reaffirmed all the interventions on the template. We also talked about MH which we hadn't in the past. Some of

	the interventions will not be in the Project toolkit and will meet again to justify these additional projects. We talked a lot about the target population. We don't want to be that specific – we rewrote the target population without the 5% sentence. How do we scale? Some of the challenges deal with participation- in some counties it might be hard for them to have enough participants- maybe move to technology to satellite to smaller counties not knowing if some of the organizations (i.e. Stanford) would allow that. • GCACH asked the Leadership Council (LC) participants if they were interested in a learning collaborative for sharing best practices and community experiences. There was enthusiasm for this idea as part of the Technical Assistance that the LC meetings provide.

ADJOURNMENT: Meeting was adjourned at 11:30 a.m. Minutes taken by Aisling Fernandez.

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

The Leadership Council meetings will be on the following dates:

- 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