



## Greater Columbia Accountable Community of Health

*Collaboration • Innovation • Engagement*

### Board of Director Meeting Minutes July 19, 2018 | 12:30 pm – 2:00 pm Conference Call

#### ATTENDANCE

<b>Board Members (* denotes they called in):</b>	Rhonda Hauff*, Dan Ferguson*, Madelyn Carlson*, Ronni Batchelor*, Brian Gibbons*, Sandra Suarez*, Darlene Darnell*, Ed Thornbrugh*, Caitlin Safford*, Ruben Alvarado*, Carrie Green*	
<b>Guests (* denotes they called in):</b>	Holly Siler, Samantha Frederick, Corrie Blythe, Courtney Ward, Troy Henderson, Jorge Rivera, Martha Lanman	
<b>Staff (* denotes they called in):</b>	Carol Moser, Wes Luckey, Becky Kolln, Aisling Fernandez*, Rubén Peralta, Lauren Johnson, Sam Werdel, Diane Halo, Jenna Shelton, Martin Sánchez	
<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, all 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</b>	<ul style="list-style-type: none"> <li>• 6/21/18 Board Meeting Minutes.</li> <li>• Carol mentioned that on page 4, it should say Ruben Alvarado, not Ruben Peralta. Minutes were approved with this edit.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Sandra Suarez to approve the consent agenda as presented, with one correction. Seconded by Ronni Batchelor. Motion passed.</li> </ul>
<b>Introduction of new GCACH Staff, Becky Kolln and Martin</b>	<ul style="list-style-type: none"> <li>• GCACH introduced two new staff members to the Board: Martin Sánchez and Becky Kolln. Martin Sánchez most recently came from Virginia Mason Memorial and has joined GCACH as a Practice Transformation Navigator. Becky</li> </ul>	

<b>Sánchez (GCACH Staff)</b>	Kolln recently worked for Energy Northwest as a contract officer and is has joined GCACH as the Director of Finance and Contracts.	
<b>ACTION ITEMS</b>		
<b>Recommended Clinics for Practice Transformation (Carol, Wes, Sam)</b>	<ul style="list-style-type: none"> <li>• The document “Introduction to Selection of PCMH Clinics 7-19-18” was read aloud, which highlights that: <ul style="list-style-type: none"> <li>○ Greater Columbia has embraced Practice Transformation, and more specifically, the Patient Centered Medical (PCMH) Home model of care as the foundation for transforming our regional health care delivery system.</li> <li>○ The PCMH model of care is a strategic way to: <ul style="list-style-type: none"> <li>▪ Strengthen primary care.</li> <li>▪ Improve reimbursement for services.</li> <li>▪ Help providers be successful in value-based payment contracts.</li> <li>▪ Provides sustainability beyond the life of the Medicaid Waiver.</li> </ul> </li> <li>○ The PCMH is a model for comprehensive, continuous, patient-centered, team-based, and accessible primary care delivered in the context of a patient’s family and community.</li> <li>○ The PCMH model also aligns closely with our 4 project areas. PCMH models are: <ul style="list-style-type: none"> <li>▪ Bi-directional and integrate behavioral health with primary care.</li> <li>▪ Focus on prevention and treatment of chronic disease.</li> <li>▪ The Patient-Centered Medical Home (PCMH plus + Transitional Care Model (TCM) targets chronically ill adults and high risk, high utilizing patients.</li> <li>▪ The Six Building Blocks is a Team-Based Approach to Improving Opioid Management in Primary Care and incorporates the PCMH change concepts.</li> </ul> </li> </ul> </li> <li>• The process to select the first group of PCMH clinics (for 2018) was: <ul style="list-style-type: none"> <li>○ First, the Participating Provider Readiness Assessment (RA) criteria and tool was developed based on the 8 change concepts (from The MacColl Institute’s PCMH change concept model and assessment tool, the PCMH-A), to select individual clinic and practice site locations to begin practice assessments (e.g. PCMH-A), negotiate contracts and Practice Transformation Implementation Work Plans, and sponsor Medicaid Transformation Demonstrations.</li> <li>○ The selection criteria included: Volume, Leadership, Transparency, Collaboration, Adaptive, Value-Driven, and Equity.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion by Darlene Darnell to approve the first set of 23 practices for Practice Transformation Community Partners. Seconded by Ronni Batchelor. Caitlin Safford abstained. Motion passed.</li> </ul>

- These criteria were developed by looking at the GCACH Guiding Principles and voting on the most important categories.
  - Second, the Practice Transformation Workgroup reviewed and scored the selection criteria and attached weights for each criteria.
  - Third, Patrick Jones took the results of scoring the selection criteria and assigned a weighted average to each category.
  - Fourth and finally, the Current State Assessment (CSA) related each question to the selection criteria, and Sam scored the CSAs based on the criteria and weights.
- Sam walked the Board through her selection process, and the results of the scoring using the “Organization Tier Selection for Practice Transformation and Community Partners” spreadsheet.
  - The selection criteria (listed above) have different weights. The clinics are in red text and some of the clinics, although not chosen for 2018 will receive some support if they are strong candidates for 2019.
  - Practice Transformation Navigators will start implementing and contacting organizations to assess clinics.
  - Consultants from OHSU also scored the clinics based on readiness level but they had less information to work with than GCACH staff. GCACH did a write-back process for to give clinics (about 44 clinics) an opportunity to fill in blank areas of the CSAs where that information was relevant to the work of the clinic.
- Recommendation for action: Approve the list of Provider organizations as presented to contract with for the purposes of Practice Transformation and Project Implementation.
  - *Astria SHC Medical- Yakima dba Astria Regional Medical Center*
  - *Astria Sunnyside Hospital*
  - *Astria Toppenish Hospital*
  - *Catholic Charities Serving Central Washington*
  - *(CBHA) Columbia Basin Health Association*
  - *CHAS Health*
  - *Columbia County Health Systems*
  - *Community Health of Central Washington*
  - *Comprehensive Healthcare*
  - *Garfield County Hospital District/Pomeroy Medical Clinic*
  - *Kadlec Regional Medical Center*

	<ul style="list-style-type: none"> <li>○ <i>Kittitas County Public Hospital District #1 Kittitas Valley Healthcare</i></li> <li>○ <i>Lourdes Health</i></li> <li>○ <i>Memorial Physicians</i></li> <li>○ <i>Palouse Medical</i></li> <li>○ <i>Prosser Memorial Health</i></li> <li>○ <i>Providence St. Mary Medical Center</i></li> <li>○ <i>Pullman Regional Hospital</i></li> <li>○ <i>Quality Behavioral Health</i></li> <li>○ <i>Student Health Options dba The Health Center</i></li> <li>○ <i>Tri Cities Community Health</i></li> <li>○ <i>Yakima Neighborhood Health Services</i></li> <li>○ <i>Yakima Valley Farm Workers Clinic</i></li> </ul> <ul style="list-style-type: none"> <li>● <u>Important notes from the discussion:</u> The Board agreed that the process was determined ahead of time, the process was fair and was followed, and resulted in geographic representation of the counties in the GCACH region without manipulation of the process.</li> </ul>	
<p><b>Hospital Sector Board Representation – Virginia Mason Memorial Vacancy (Carol)</b></p>	<ul style="list-style-type: none"> <li>● <u>GCACH Board Roster 7-17-2018</u></li> <li>● <u>Situation:</u> GCACH’s Hospital Sector representative, Jim Aberle, will no longer be on the Board which leaves a mid-term vacancy. Jim nominated Shawnie Haas to take the seat until the end of the term. GCACH staff brought the situation to the Board to understand what the process should be to fill a mid-term vacancy.</li> <li>● <u>Discussion included:</u> <ul style="list-style-type: none"> <li>○ How GCACH handled mid-term vacancies in the past, which had varied.</li> <li>○ Some individuals read the Bylaws differently than others on how to handle the situation.</li> <li>○ The Board decided to clarify the process.</li> <li>○ Staff will follow up by convening the Hospital Sector, potentially by contacting whoever signed the LOI to get a nomination from the sector rather than a nomination from the individual leaving the position.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Motion by Madelyn Carlson to for the process (here and going forward) for filling a mid-term Board vacancy to be for GCACH staff to reconvene the sector so that the sector identifies and recommends a replacement (rather than a nomination from the person who is leaving the Board). Seconded by Sandra Suarez. Motion passed.</li> </ul>
<b>UPDATES</b>		<b>Action Items</b>
<p><b>Kittitas Digital Health Commons Project (Wes)</b></p>	<ul style="list-style-type: none"> <li>● <u>Discussion:</u> <ul style="list-style-type: none"> <li>○ The Board was updated on the Kittitas County Health Network (KCHN) Digital Health Commons Project. The 5 principles of PCMH will be present among all members of a care team. Rob Arnold has been meeting with</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Motion made by Carrie Green to approve the allocation methodology for consumer</li> </ul>

	<p>Kittitas to coordinate care for individual’s mental health issues. The use case involved community paramedicine and Comprehensive Healthcare. The collaboration leading to the development of the use case is very important. It is important to development systemization of care, specific workflows, a common language and common metrics. This will focus on the 10-20% of individuals that results in the high medical costs.</p> <ul style="list-style-type: none"> <li>○ The Olympic Peninsula Community of Health (OCH) has already implemented this project as well as some other communities in WA State. At the same time as this meeting on July 19<sup>th</sup>, behavioral health (BH) providers were meeting simultaneously to discuss two alternatives to the funding formula as discussed in the June 2018 Board meeting. After the June Board meeting, an attorney reviewed the contract to ensure it is ready to go and an accountant will walk the Board through it as well. Funds will be to assure readiness for Behavioral Health and Primary Care Providers to integrate by 2019.</li> </ul>	<p>engagement. Seconded by Ruben Peralta. Motion passed.</p>
<b>ADJOURNMENT</b>		
<b>Adjournment</b>	<ul style="list-style-type: none"> <li>● Rhonda Hauff asked for a motion to adjourn at 1:33 p.m.</li> <li>● Notes taken by Aisling G. Fernandez.</li> </ul>	<p style="text-align: center;"><b>Action Items</b></p> <ul style="list-style-type: none"> <li>● Motion made by Madelyn Carson to adjourn the July GCACH Board meeting. Seconded by the Board as a group. Motion passed. Meeting adjourned.</li> </ul>
<p style="text-align: center;"><b>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</b></p> <p>The regular Board meetings will be (from 12:30-3:00 p.m. at Tri-Cities Community Health (TCCH), 800 W Court Street, Board Room) on the following dates:</p> <ul style="list-style-type: none"> <li>● Thursday, August 16, 2018</li> <li>● Thursday, September 20, 2018</li> <li>● Thursday, October 18, 2018</li> <li>● Thursday, November 15, 2018</li> <li>● Thursday, December 20, 2018</li> </ul>		