

# GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

## Board Retreat Meeting Minutes

Thursday, August 20, 2020 | 9:00 AM to 12:00 PM

*Teleconference ONLY*

ATTENDANCE			
<b>Board Members</b>  Quorum: 9	President	<b>Brian Gibbons</b> (Astria Sunnyside Hospital) -----	Healthcare Providers
	Vice President	<b>Sandra Suarez</b> (Yakima Valley Farm Workers Clinic) -----	FQHCs
	Treasurer	<b>Julie Petersen</b> (Kittitas Valley Healthcare) -----	Hospital
	Secretary	<b>Madelyn Carlson</b> (People for People) -----	Transportation
	Past President	<b>Rhonda Hauff</b> (Yakima Neighborhood Health Services) -----	Housing
		<b>Dan Ferguson</b> (Yakima Valley Community College) -----	Workforce
		<b>Dana Oatis</b> (Lourdes) -----	Behavioral Health
		<b>Eric Nilson</b> (Kennewick Fire Department) -----	Public Safety
		<b>Kat Latet</b> (Community Health Plan of Washington) -----	Managed Care Organizations
		<b>Katherine Saluskin</b> (Yakama Nation) -----	Tribes
		<b>Kendra Palomarez</b> (Catholic Charities) -----	Community/ Faith Based Org
		<b>Les Stahlnecker</b> (Education School District 123) -----	Education
		<b>LoAnn Ayers</b> (United Way of Benton & Franklin Counties) -----	Philanthropy
		<b>Martha Lanman</b> (Columba County Public Health Dept) -----	Public Health
	<b>Ron Anderson</b> (Yakima County Commissioners Office)-----	Local Government	
<b>Ronni Batchelor</b> (Lourdes Health Network) -----	Consumer		
<b>Susan Grindle</b> (HopeSource) -----	Social Services		
<b>Tonya Kreis</b> (Yakama Nation) -----	Tribes		
<b>GCACH Staff</b>	Brittany FoxStading	Diane Halo	Ruben Peralta
	Becky Kolln	Laurel Avila	Sam Werdel
	Carol Moser	Lauren Noble	Wes Luckey
	Chelsea Chapman	Martin Sanchez	
WELCOME AND INTRODUCTIONS			
<b>Welcome</b> Dr. Patrick Jones	Dr. Patrick Jones welcomed the group and introduced the purpose of the convening: <ul style="list-style-type: none"> <li>Review the Core Competencies and Future Opportunities for GCACH</li> <li>Gain Approval to Develop a Business &amp; Financial Plan for 2021+</li> </ul>		

**Thank you for your engagement with GCACH!**

## 2020 BOARD RETREAT

The outline of the GCACH Board Retreat presentation was as follows:

- A. Future States and Recommendations from the 2019 Board Retreat
- B. Review of Core Competencies
- C. Marketing Analysis
- D. Funds Flow
- E. Future Opportunities

### **A. Future States and Recommendations from the 2019 Board Retreat**

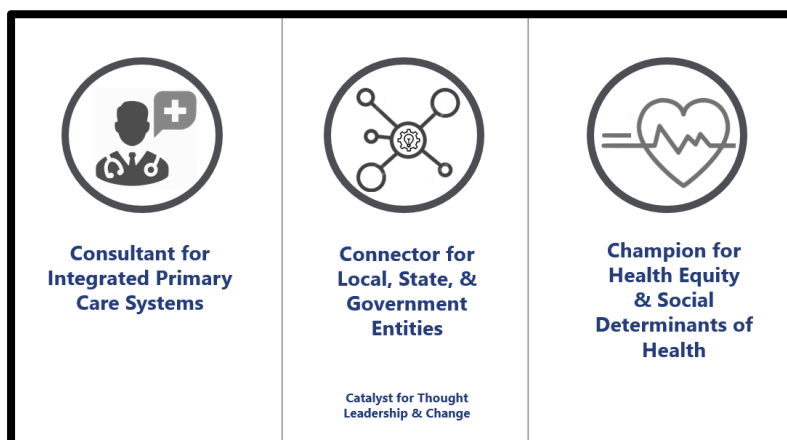
Carol first recapped the future states and board recommendations from the 2019 Annual Board Retreat. The recommendations were as follows:

- ACH turns into a Center of Excellence (CoE)
- Implements a fee for service consulting model
- Lines of service around practice transformation, care coordination
- Convene community-based partners, stakeholders, and LHINs to address SDOH at a regional level

Since the 2019 board retreat, GCACH has completed the following activities:

- ✓ Market Research; interviews with ACOs, SMEs
- ✓ Internal and external interviews to identify core strengths and define company values
- ✓ Staff assessment of Emotional Intelligence: Self-Actualization, Interpersonal Relationships, Optimism
- ✓ Staff retreat with Tenfold Health to test opportunity thinking/sustainability plan
- ✓ One-on-one vision and sustainability discussion with HCA
- ✓ Co-development of a social investment model concept between ACHs & HCA
- ✓ Possibility of a 6th MTP year for ACHs

### **B. Review of Core Competencies**



**Thank you for your engagement with GCACH!**

Next, Carol introduced the three core competencies (referred to as elements) of GCACH for today and in the future:

- **Consultant for Integrated Primary Care Systems:** GCACH assists healthcare professionals within organizations to ensure that the Greater Columbia Cares Model (GCCM) is effectively implemented within their systems, culture, and practices.
- **Connector for Local, State, and Government Entities:** GCACH is the conduit by which various entities are able to effectively launch projects, gain insights, share ideas, and shape policies.
- **Champion for Health Equity and Social Determinants of Health (SDOH):** GCACH breaks down barriers and activates change by using its resources to support innovative improvements to the healthcare delivery system.

Staff then reviewed the strengths, needs, and opportunities tied to each core competency (or element). This information may be found in the "GCACH Board Retreat 2020" presentation slide deck located on our website under Board Resources.

Questions/comments from the Board included the following:

- **Element 1: Consultant for Integrated Primary Care Systems**
  - Brian liked the idea of the expertise in planning and implementing the PCMH model. He also appreciated the out of the box thinking with respect to expanding outside the region.
  - Eric stated that he liked what he was seeing and that it was well thought out and coordinated. He is relying on us as we are the subject matter experts, but doesn't see anything that is problematic in his thinking.
  - Sam elaborated on the Greater Columbia Cares Model (GCCM) and how it builds off PCMH but also incorporates other major initiatives. She also noted that in their experience when visiting organizations, they notice how processes don't necessarily meet the needs of the patients. To customize, the team uses the assessments for effective needs-solutions alignment. Martin shared how the program and process unfolded over the last couple years.
  - Sandra noted the need to help sites do more needs assessments that were culturally and linguistically appropriate. People conduct assessments on how to improve their services as they expand into PCMH (to include SDOH) but some assessments are not captured through the PCMH-A or MeHAF such as Care Transitions, and Health Literacy. In her experience, there is always that sticking point and it would be helpful to have someone come in to facilitate and show the data specific to the organization (e.g. their strengths). Someone would pay to see the abilities of the organization.
  - Kat shared that she feels these are great opportunities for GCACH as this is where the organization has fully shown its strength. She also mentioned the recent development around the multi-payer model and posed the question as to where providers are seeing support to meet those expectations. She reiterated that we may be well positioned for this role.
- **Element 2: Connector for Local, State, and Government Entities**
  - Eric commented on GCACH's presence at meetings with these players (DOH, local EMS and trauma, etc.). He suggested that we need to be more active at these meetings if we really want to connect local

**Thank you for your engagement with GCACH!**

and state government and be that player that helps grease the wheels/gears and make these things happen (especially when the state is looking for best practices that can be scaled from one community to across the state).

- Carol highlighted the challenges with the healthcare delivery system being siloed and GCACH's strength with bringing those cross-sector silos together. She used the wide representation of the board as an example. She also noted that we are not always invited or included in those meetings/conversations, but we'd more than happy to participate without stepping on anybody's toes. Eric asked for us to share the gaps of where we think we could be more involved to make a bigger impact and he will work to make those connections where he can.
  - Kat touched on the role of coalition and movement building and the recognition of what tables are forming/happening. She shared an article on collective impact and responding appropriately in times of crisis. She also noted that she had an interesting response to our goal of becoming "an agent of HCA" and noted that they are only one entity. She doesn't want GCACH to limit itself to one player and advised to make connections with multiple sectors at the state level.
  - Carol also highlighted that GCACH is already becoming known as a connector as staff convenes with elected officials. For example, she is on the BHI Strategic Oversight Committee and has been able to carry messages to our decision makers, including Congressman Newhouse. This is a key component in implementing, facilitating, and delivering dollars to providers for telehealth as a means to ensure these policies survive beyond the life of COVID-19.
- Element 3: Champion for Health Equity and Social Determinants of Health (SDOH)
    - The group was silent (indicating a thumbs up). Brian noted the opportunities members had in prior board meetings to hear the success stories that have been done. He also highlighted the need for data and how validating material is key for believability.
    - Carol asked LoAnn where she sees GCACH being the most helpful in this space. LoAnn shared that the social determinants of health are long standing, systemic, and growing with COVID-19 land. The area where GCACH can play a significant role, because of the regional nature of its reach and relationships, is advocacy. To really address big issues that are underlying are challenges in SDOH. There is a need to have coalitions with a strong voice looking at policy at the state and federal level. This includes how we react to an implemented policy as it has changed/not changed. That is a sweet spot that is not well filled currently.
    - Carol touched on the social investment model, which is a way to address SDOH in a more meaningful way (i.e. more funding through the state). GCACH and the other ACHS are in early stages in concert with the HCA so there is not a lot of detail except that there is widespread recognition to address and fund these needs. She spoke to the need for knitting programs together that take advantage of resources out there, but are siloed, and bringing them more effectively together. GCACH is well positioned to do this.

**Thank you for your engagement with GCACH!**

- Madelyn underscored how the COVID-19 crisis has brought forth opportunities. She touched on the resources needed for individuals who need to safely quarantine and the players involved with that activity (DOH, FQHCs).

### **C. Marketing Analysis**

Next, Lauren reviewed the marketing analysis she conducted in the past year. This included a high-level overview of the healthcare sector defined, GCACH's role in the healthcare sector, and organizations that have similar service lines (Comagine, HealthTechS3, Caravan Health, Health Management Associates, and Signal Health). Her key takeaways included:

- Difficult to find organizations outside of ACH that are similar to us
- The majority of the service lines are grounded in quality improvement, whether it be through software or consulting
- Commonalities:
  - Professionalism in branding, communications, and events
  - Extremely skilled staff
  - Accreditation
- Websites are easy to navigate. It is clear what they do—don't have to dig

The takeaways also proposed the following:

1. GCACH's primary service line would be to provide consultative services for quality improvement with the healthcare system.
2. Other service lines could include:
  - Convene organizations for the purpose of learning opportunities with thought leaders and subject matter experts
  - Convening, collaborating, offering insights, bringing about system change – Part of our role.
  - Provide transparency around health disparities and gaps
  - Educate and help problem solve complex issues

Comments/questions from the Board on the marketing analysis included:

- Sandra asked the reasoning for comparing ACH with ACO's (Accountable Care Organization).
  - Carol and Wes elaborated on how ACO's operate, which is essentially a collective effort to bring down cost of healthcare and benefiting from the shared savings. Carol shared that in essence as GCACH helps guide provider organizations into opportunities for savings, this could be an opportunity for GCACH. Wes shared that it requires data to understand cost, but also the ability to work with providers to help them adjust their processes. This is another reason that GCACH could be well positioned for that path. Patrick mentioned that staff has been meeting with experts and subject matter experts of ACOs and collecting information.
  - Brian thought the analysis was really good.

**Thank you for your engagement with GCACH!**

#### **D. Funds Flow**

Next, Becky reviewed the funds flow section of the presentation, which included revenue and anticipated expenditures through 2023. With an expectation of receiving 100% funding from the remaining Semi-Annual Reports, GCACH anticipates to have approximately \$7.7 million at the end of 2023.

- Questions/comments:
  - Eric and Dan are pleasantly surprised. Sandra expressed that she is not surprised as GCACH has been smart with its finances.

#### **D. Future Opportunities**

Patrick then discussed the “who would pay?” as well as the opportunities tied to each core competency (or element). This information may be found in the “GCACH Board Retreat 2020” presentation slide deck located on our website under Board Resources.

- Element 1: Consultant for Integrated Primary Care Systems
  - LoAnn stated that she doesn’t have a concept for demand and competition to confidently provide counsel. It is hard to gauge the size of the opportunity.
  - Brian responded to the “who will pay” section. He mentioned that clinics and health systems are where the rubber hits the road. However, those entities are tight with their money. To the extent that an insurer can gain an advantage by having well operating and positioned providers that reduce their spend (medial loss ratios) may be an opportunity. They may be willing to support a task team to tune up their providers in PCMH. The associations may be able to do it if it is packaged correctly. Consulting products that focus on how to manage population health or how to get better at reducing risk and gaining revenues through the new payer system. This is hard to figure out who is buying what and how it can be presented. He thinks that the big players would be the insurers or associations.
  - Eric stated that he is pessimistic from the health system perspective and has a hard time making sense of what money is spent on (referencing the main health systems in Tri-Cities).
  - Sandra stated that it is the element of the unknown. She advises the need to assess risk considering this is the first service that would likely discontinue (depending on their contact with the organization). Hard to see full potential.
  - Kat touched on the expectations within care contracts related to training with providers. She also noted that that there is always an association/care organization accommodating economies of scale and to try to work in tandem with other care partners across the state. She also underscored how to partner and support the work the ACH is doing and meets expectations of the MCO contact. Associations have tried to build out this capacity to make themselves more valuable in the training space. Need to get considerations at a state level into thought.
- Patrick asked if the organizations from the marketing analysis are formidable to these opportunities around the area of consultancy work?

**Thank you for your engagement with GCACH!**

- Brian spoke to his experience with HealthTechS3 and Caravan and touched on their various business models (e.g. broad vs. ala carte).
- Wes asked the group if the healthcare environment has reached the tipping point in terms of feeling heat from VBP and switching their business plan toward the objectives and foreseeable outcomes tied to VBP or if they still rely on the fee-for-service model.
  - Brian stated that they are still on the fee for service model. Different parts of the country are in different phases. The effort is convincing folks that the tipping point is emanant and how do to get ready for it? Equally, these same providers are not ready for it, no matter how much they say they are. That's where this opportunity is.
  - Sandra stated that she comes from an alternate standpoint as they are riding the VBP wave. Their organization, however, is ahead of the curve because they have the resources available. It is still being heavily pushed upon but she doesn't think we have hit the tipping point.
  - Kat noted that it is really important to look at the market place and the payer. In terms of Medicare and in consideration of the what the payment breakdown is for the provider. What is going to drive change for that provider? How do you build models that center around primary care? We are still in the phase on how to create that ownership on a payment model within the primary care space and who is under that. She also added that it is really important to consider what that position is. We have incentivized providers through funding, we are flipping it on its head. It is going to be critical get that feedback on the opportunity for them. As a representative of the MCO sector it will be key that they continue to come to this table and think about that mapping and overlap looks like. This is going to be even more important in the next year.
- Element 2: Connector for Local, State, and Government Entities
  - Sandra noted a positive with respect to the GCACH Learning Collaboratives is that they are brief and convenient. She underscored that nobody wants to have staff out of office for a long time.
  - Dan agrees with Sandra. In the area of pulling all the various folks to the wheel together and looking at it from a total care system. He highlighted the fact around so many initiatives are siloed. Because of the diversity of the board and the leadership council, GCACH has really been able to pay attention that everything is important and bring that to bear in these meetings. More opportunity to partner with other organizations to leverage our collective with their work – whether it is workforce, addressing health disparities. Lots of opportunities to engage with other groups.
  - Ruben added that there is a lot going on with racial injustice in the private sector and mentioned going into big corporations to do presentations.
  - Kat stated that the membership model should be considered when considering the collective impact model, shared responsibility and contribution. Membership ties people into that space of shared ownership.
  - Brian loves the membership model—it is a really good way to do it.

**Thank you for your engagement with GCACH!**

- Element 3: Champion for Health Equity and Social Determinants of Health (SDOH)
  - Patrick asked the group if there is a willingness for players to pay for these activities in the Greater Columbia region? Ron stated that from his perspective he would be okay with the county paying a membership fee. He advised to be clear on they are going to get on their return on investment.
  - The group was silent, indicating uncertainty.
  - Les said there are opportunities for some of these things to work with schools. It is easier to get some foundation grant funding to partner/work with the schools. Membership fees are an interesting concept and noted that GCACH would have to be able to show that there is a good reason to be a part of the organization. There is a lot of healthcare organizations that are trying to break into schools because they see it as a market. He would prefer to work with local health organizations to figure out how to make things happen within their network (versus an outsider). He also underscored the need to work to make better connections vs. adding players. This is something he can see GCACH doing but might need to be funded by another source.

Patrick posed the question to the board whether GCACH staff have a green light to develop a business and financial plan around these elements for 2021 and beyond (in which there is not substantial support from a transformation project) and bring it to board for deliberation in early 2021.

- LoAnn shared that she has been involved in many business startups from all over and that we are fortunate coming into this with substantial resources and assets that we have developed from this process. The challenge with markets is that they are so fickle; just because they can doesn't mean they will. She is in favor of us moving forward with this plan. She is thumbs up with moving forward. Brian seconded. Sandra agreed. It is crucial to start this project as soon as possible. Eric also gave a thumbs up.

**Madelyn motioned to approve GCACH staff to develop a business and financial plan for 2021 and beyond. LoAnn seconded motion. Motion passed.**

Dan requested the board be kept abreast of the plan. Discussion around keeping the Board apprised of progress and bringing updates at the October meeting.

Carol thanked the group for their time, attention, and feedback.

### ADJOURNMENT

<b>Adjournment</b>	<p>Meeting adjourned at 12:05 pm. Minutes taken by Chelsea Chapman. The GCACH Board Retreat presentation can be found on the GCACH website under "Board Resources." Find the recording of the convening here: <a href="https://youtu.be/i5il7FnXBWl">https://youtu.be/i5il7FnXBWl</a>.</p> <p>Recap of motions and GCACH next steps:</p> <ul style="list-style-type: none"> <li>✓ Approved: GCACH staff to develop a business and financial plan for 2021 and beyond (with the intent of bringing to the board for deliberation in early 2021)</li> </ul>
--------------------	---

**Thank you for your engagement with GCACH!**



	✓ Note: Bring progress updates to board in October 2020
--	---

**Thank you for your engagement with GCACH!**