Board of Directors
Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

Minutes

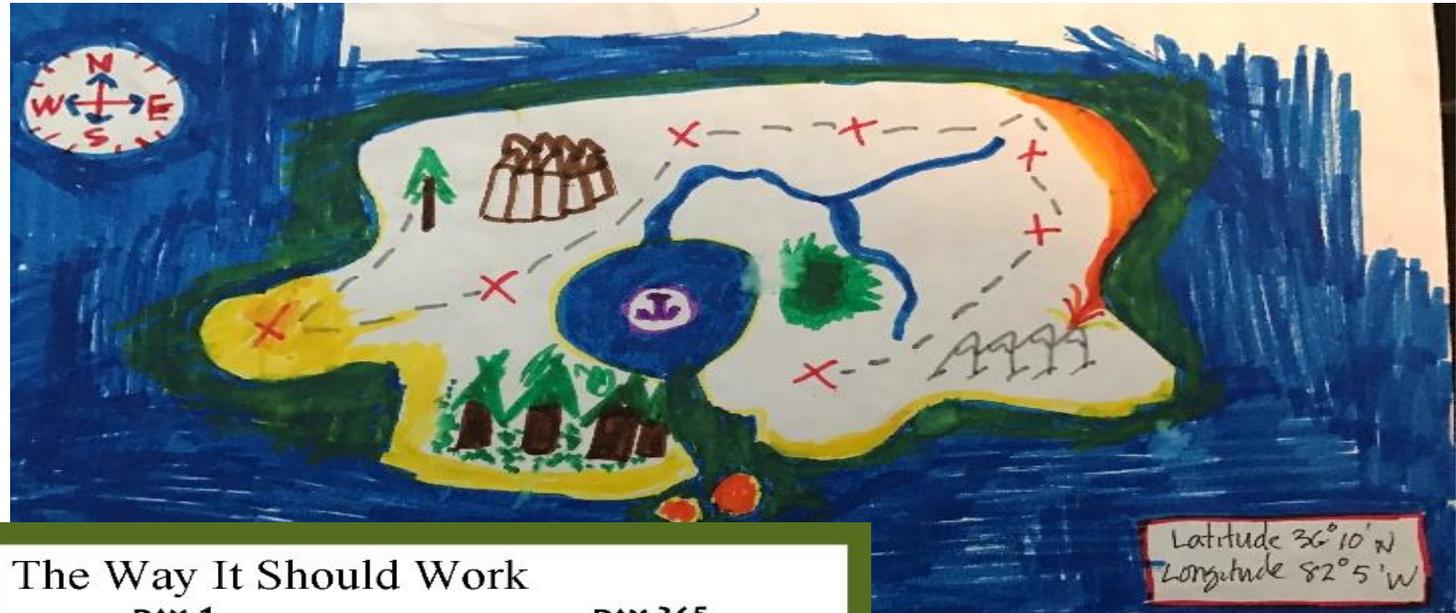|	
PART 1: RETREAT 9 a.m. to 1 p.m.	
In Attendance:	Special Guest: Governor John Kitzhaber John Sinclair, Sierra Barrett, Kirk Williamson, Marcy Durbin, Patrick jones, Jim Jackson, Angelina Thomas, Mike Bonetto, Jordon Byers, Kier Wallis, Amina Suchoski, Eddie Miles, Dr. Amy Person, Rebecca Sutherland, Sue Jetter, Heidi Desmarais, Lori Brown, Stan Ledington, Jorge Rivera, Ed Thornbrugh, Aisling Fernandez, Darlene Darnell, Martin Valadez, Dan Ferguson, Rhonda Hauff, Wes Luckey, Carol Moser, LoAnn Ayers
Special Thanks:	Thank you to Walter Clore Wine & Culinary Center for providing the beautiful facility. Thank you to United Healthcare & Molina for sponsoring lunch. Thank you to CG Catering for the lunch.
Welcome & Introductions	Martin welcomed everyone and thanked everyone for taking the time to be here. He began the retreat by saying that a lot has happened in 2 years! We have a full-time Executive Director, staff and we are a nonprofit. Carol talked about the State of Reform where she first heard Governor Kitzhaber speak and she said she was impressed by his presentation. She later saw him at an airport and asked him if he would speak at a future GCACH retreat.
Honorable John Kitzhaber's Talk	

Board of Directors

Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
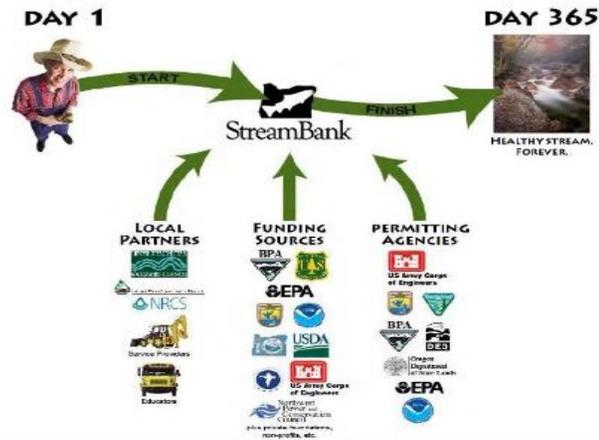2140A Wine Country Road,
Prosser, WA

Greater Columbia
Accountable Community *of* **Health**

The Way It Should Work

Former Oregon Governor, Dr. John Kitzhaber was the special guest speaker at the GCACH Board &

Board of Directors
Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

Committee Chair retreat on April 19, 2017 at the Walter Clore Wine Center in Prosser. Participants identified the following key messages from his talks.

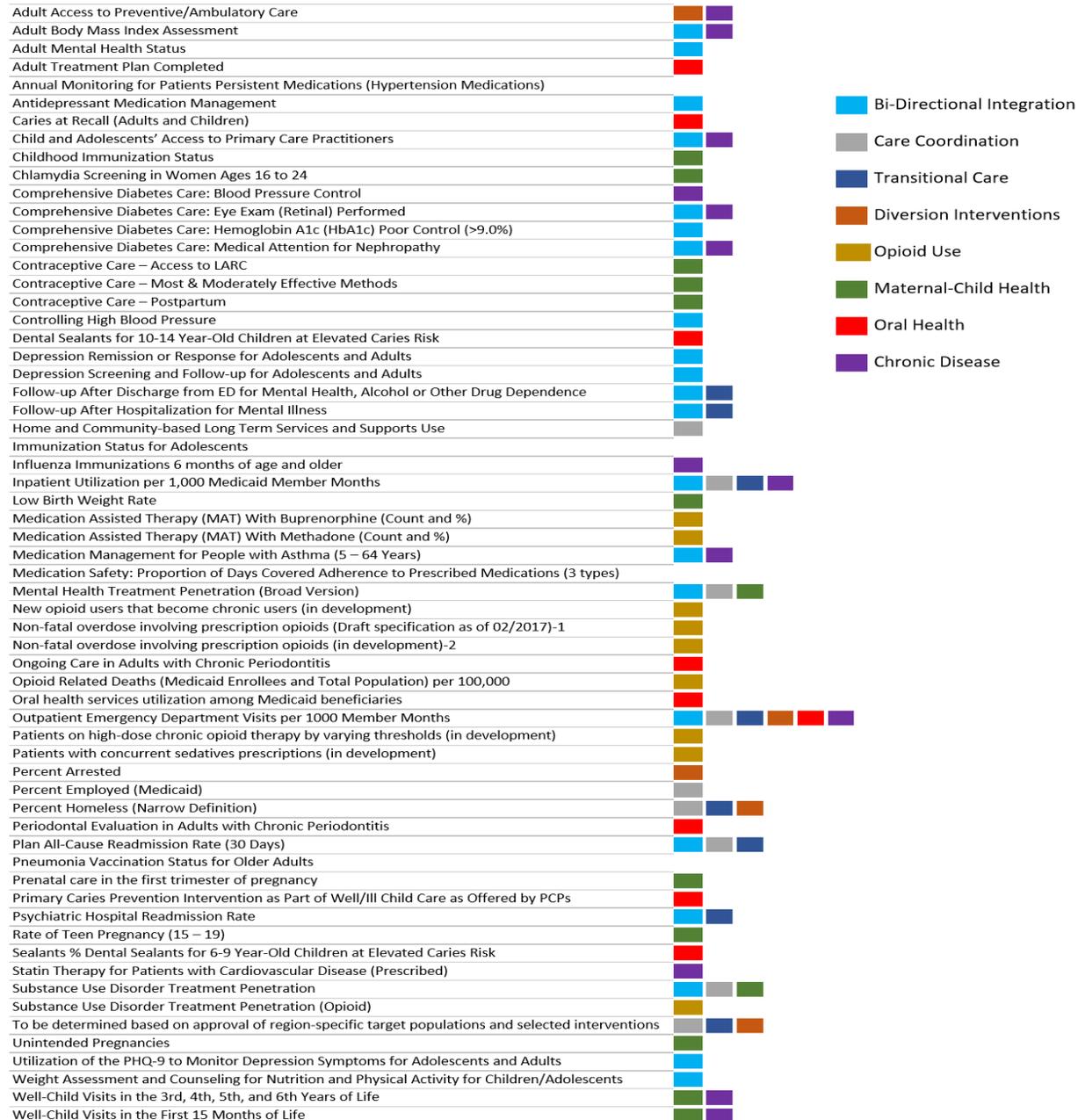Key messages from April 19, 2017 retreat:

- There are enough dollars in the system to do what we need to do.
- There is no accountability for what we don't fund, only for what we do fund.
- Medical loss ratio should be health loss ratio and includes spending on both healthcare services and social services as a desirable outcome.
- Funding the "hump" by transforming the system, i.e. upfront payments for future savings.
- Approach this as system stakeholder not as individual stakeholders.
- Focus on early learning, especially pre-natal to age 8.
- Don't be afraid to 'swim upstream' against the rules and ask for what we need in the regions. See if you can adapt the rules to meet our needs.
- Identify barriers and take action to remove them.
- The air conditioner story. Small (non-medical) investments can make a big impact.
- Organizing around places.
- Thomas Pynchon quote ("If they can keep you asking the wrong questions, they don't have to worry about the answers.")
- Engineering process. Look at the problem and where the risks are. Think innovatively in our solutions and who we bring in to solve those problems.
- Data discussion was very helpful. We need to go 'upstream'.
- We have to be able to look at the high level and at the granular level simultaneously
- Need to design our projects around the base of our Medicaid members. At the same time, we need to articulate a project across the region. This is a fundamental of our work.
- Story about all the agencies having to work together, thereby empowering them and giving them ownership in the outcomes, as opposed to top-down decision-making directed by the state. This is what ACHs are designed to do. The whole point is to learn from each other. Help the Project Teams understand the bigger picture.
- Identify the barriers, your funding stream and identify where your funding stream was before to understand the unintended consequences and those who may not be on board.
- Appreciated the comment about focusing on children and families. We are here to focus on the health of the communities.
- Appreciate the passions and insights that everyone brings. We are more healthcare focused.
- Thanks to Jorge and Amina for the lunch!

Board of Directors

Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

Wes' talk about GCACH Data	Wes Luckey, our new Program Manager, gave a very thorough presentation on data and measure (please see bulleted highlights below). The presentation was very well received by the retreat participants who appreciated the amount of work that Wes put into his presentation. • There are nearly sixty measures in the MTD Toolkit. But inappropriate ED and inpatient utilization standout for their appearances across several subject areas. HCA is signaling us that reductions in utilization and concomitant cost are tantamount to success. • The GCACH is poorer, has higher unemployment, is more rural, has more uninsured and has a higher percentage of Hispanics and Native Americans than the statewide average. • There is more physical inactivity and fewer exercise opportunities, leading to more individuals with obesity and diabetes. However, testing for these conditions (eye, kidney, blood sugar) is higher than the statewide average. • A lower ratio of providers (PCPs, Dentists and BHS) and a lower percentage of people having a personal physician may be leading to fewer Well-child visits and higher utilization of the Emergency Department. • Mental health, chemical dependency and substance abuse penetration within the Medicaid population shows opportunities. • The region shows pockets of high teen pregnancy and very high STD (chlamydia) rates. • Chronic opioid use is high across all reporting sub-populations (age, gender, ethnicity), while treatment with Suboxone remains high. • ED utilization overall and potentially preventable ED utilization within the GCACH is the highest in the state. This is true for all Medicaid sub-categories (expansion adults, children, disabled, etc.)

Board of Directors
Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
Country Road,
Prosser, WA

Greater Columbia

Accountable Community *of* **Health**

MTD Toolkit Measure Set

- Adult Access to Preventive/Ambulatory Care
- Adult Body Mass Index Assessment
- Adult Mental Health Status
- Adult Treatment Plan Completed
- Annual Monitoring for Patients Persistent Medications (Hypertension Medications)
- Antidepressant Medication Management
- Caries at Recall (Adults and Children)
- Child and Adolescents' Access to Primary Care Practitioners
- Childhood Immunization Status
- Chlamydia Screening in Women Ages 16 to 24
- Comprehensive Diabetes Care: Blood Pressure Control
- Comprehensive Diabetes Care: Eye Exam (Retinal) Performed
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Contraceptive Care – Access to LARC
- Contraceptive Care – Most & Moderately Effective Methods
- Contraceptive Care – Postpartum
- Controlling High Blood Pressure
- Dental Sealants for 10-14 Year-Old Children at Elevated Caries Risk
- Depression Remission or Response for Adolescents and Adults
- Depression Screening and Follow-up for Adolescents and Adults
- Follow-up After Discharge from ED for Mental Health, Alcohol or Other Drug Dependence
- Follow-up After Hospitalization for Mental Illness
- Home and Community-based Long Term Services and Supports Use
- Immunization Status for Adolescents
- Influenza Immunizations 6 months of age and older
- Inpatient Utilization per 1,000 Medicaid Member Months
- Low Birth Weight Rate
- Medication Assisted Therapy (MAT) With Buprenorphine (Count and %)
- Medication Assisted Therapy (MAT) With Methadone (Count and %)
- Medication Management for People with Asthma (5 – 64 Years)
- Medication Safety: Proportion of Days Covered Adherence to Prescribed Medications (3 types)
- Mental Health Treatment Penetration (Broad Version)
- New opioid users that become chronic users (in development)
- Non-fatal overdose involving prescription opioids (Draft specification as of 02/2017)-1
- Non-fatal overdose involving prescription opioids (in development)-2
- Ongoing Care in Adults with Chronic Periodontitis
- Opioid Related Deaths (Medicaid Enrollees and Total Population) per 100,000
- Oral health services utilization among Medicaid beneficiaries
- Outpatient Emergency Department Visits per 1000 Member Months
- Patients on high-dose chronic opioid therapy by varying thresholds (in development)
- Patients with concurrent sedatives prescriptions (in development)
- Percent Arrested
- Percent Employed (Medicaid)
- Percent Homeless (Narrow Definition)
- Periodontal Evaluation in Adults with Chronic Periodontitis
- Plan All-Cause Readmission Rate (30 Days)
- Pneumonia Vaccination Status for Older Adults
- Prenatal care in the first trimester of pregnancy
- Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by PCPs
- Psychiatric Hospital Readmission Rate
- Rate of Teen Pregnancy (15 – 19)
- Sealants % Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk
- Statin Therapy for Patients with Cardiovascular Disease (Prescribed)
- Substance Use Disorder Treatment Penetration
- Substance Use Disorder Treatment Penetration (Opioid)
- To be determined based on approval of region-specific target populations and selected interventions
- Unintended Pregnancies
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Well-Child Visits in the First 15 Months of Life

Legend:
- Bi-Directional Integration
- Care Coordination
- Transitional Care
- Diversion Interventions
- Opioid Use
- Maternal-Child Health
- Oral Health
- Chronic Disease

Board of Directors
Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

MCO Enrollees by County and MCO Program, April 2017		
	PART 2: BUSINESS MEETING	
Board Members:	Directors in-person: Rhonda Hauff, John Sinclair, Ed Thornbrugh, Eddie Miles, Amina Suchoski, Lori Brown, Darlene Darnell, Martin Valadez Representatives for Board Members (non-voting): Sierra Barrett (for Brian Gibbons) Directors who called in: Dan Ferguson We met quorum with a combined 9 directors in-person and on the phone.	
Staff:	Carol Moser, Aisling Fernandez, Wes Luckey	
Guests:	Jorge Rivera, Sue Jetter, Amy Person, Mike Bonetto, Angelina Thomas, Jordan Byers, Kier Wallis	
	MINUTES and REPORTS	
Welcome	• Martin welcomed everyone to the business portion of the Board Treat.	
Minutes (Action):	• Approval of April 2017 minutes. Not approved. Will be reviewed in May.	

Board of Directors
Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

Recommendation	• Eddie proposed that we address the quorum issue during the May meeting.	
Proposed Process (Action):	<table><tr><td>Timeline</td><td>Project Selection Process</td></tr><tr><td>April 20 – May 3 Leadership Council Meeting</td><td>Re-form 5 Priority Work Groups into 7 Project Teams Confirm/Select Project Team Facilitator Review MTD Approaches/Strategies Review Data Community Asset Inventory Assess Subject Matter Expertise on Team</td></tr><tr><td>May 4 - 11 Conference Call Project Team Facilitators (PTF)</td><td>Review Preliminary Regional Survey Results Project Team Facilitators Discuss Measures of Commonality between projects Determine 2-3 Approaches/Strategies for each Project Category</td></tr><tr><td>May 18 Leadership Council Meeting</td><td>Receive Regional Survey Results Receive Report from Project Facilitators Breakout into Project Teams to determine 2 Project Approaches/Strategies Develops/Modifies Evaluation Criteria for Scoring final projects</td></tr><tr><td>May 18 Board of Directors</td><td>Approves Project approaches/Strategies from Project Teams</td></tr><tr><td>May 19 - June 15 (PTF)</td><td>Finalizes evaluation criteria for scoring final projects</td></tr><tr><td>May 22 – June 16</td><td>World Cafés to showcase local programs to Public</td></tr><tr><td>June 22 Leadership Council Meeting</td><td>Project Team Facilitators recommend projects for full application process Leadership Council recommends application template for approval Leadership Council recommends projects to Board</td></tr><tr><td>June 22 Board of Directors</td><td>Board approves projects to move to full application process Board approves application template</td></tr><tr><td>July ?</td><td>Letters of Application Due</td></tr><tr><td>July 20 Board Meeting</td><td>Board approves final projects for Project Plan Application</td></tr><tr><td>July - October</td><td>Obtain attestations with organization, Write Project Plan Application</td></tr></table>	John moved, Amina seconded. Motion passed.

Board of Directors

Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

Professional Services Agreement (Action):	• Professional Services Agreement (PSA) for Shannon Jones. • Motion: Make two changes to the PSA. 1. Add to the PSA "max consideration of 75,000" and 2. PSA should say "Professional" not "Personal."	Lori moved, Eddie seconded. Motion passed with two changes.
Employee Personnel Policies (Action)	At the board meeting, we lost our quorum to approve the Personnel Policies. The most timely issue related to Personnel Policies is access to group medical insurance for our staff so an electronic vote was taken with the following motion: Rhonda moved to have the board consider approving the medical benefits for the staff with the following changes: 1. Remove the requirement to work 1560 hours annually. This isn't typical in policy and can't be predicted. When they stop working 30 hours a week (unless on leave) they're no longer eligible. 2. I would take out the $500/month max payment. This is typically not in policy and can change over time. Leave the 80% "If the insurance companies allow, it would be nice to waive the initial introductory period of 60 days for our charter staff, as it's taken us so long to get through this process. This may not be allowed, but I think it's worth the ask. Please consider this my motion to approve the group medical benefit with the changes #1 and #2 as submitted. Thank you." The Board agreed that the rest of the policies would be discussed at the next meeting.	Rhonda moved with the two changes. Lori seconded. In favor: Carrie Green, Martin Valadez, John Sinclair, Darlene Darnell, Lori Brown, Eddie Miles, Dan Ferguson, Meghan Debolt, Brian Gibbons, Madelyn Carlson, Amina Suchoski, Rhonda Hauff. Motion passed.
Contracting Policy (Discussion)	Martin explained that the contract for the Community Asset Inventory (CAI), which was originally supposed to be between the Walla Walla County Health Department and the GCACH ended up being a contract between GCACH and Meghan DeBolt. This is a conflict of interest that is being brought to the Board's attention and is being addressed with the Executive Director. Martin has requested that Carol talk to Meghan about the Conflict of Interest Policy. We needed to bring this to the attention of the Board as a corrective action but need to improve our own processes so that these types of situations don't occur in	

Board of Directors
Wednesday, April 19th, 2017
9 a.m. to 2 p.m.
Board Retreat
Walter Clore Wine & Culinary Center
In the Vineyard Pavilion building
2140A Wine Country Road,
Prosser, WA

	the future. Eddie pointed out that with the Transformation Demonstration, conflict of interest will definitely need to be addressed.	
RWJF Proposal	Sue Jetter brought to the Board's attention a proposal through RWJF that she felt would be a good alignment with GCACH. It is an exploratory development award that aligns the Culture of Health Action Framework with rural communities. The Board determined that given the amount of work on the Medicaid Demonstration, the timing was not conducive for staff to pursue.	
Adjournment	Meeting was adjourned at 2:30 PM. Minutes taken by Aisling. Staff (Carol, Wes, Aisling), Martin & Rhonda met with Mike Bonetto (Tenfold Health) and Jordan Byers (Center for Evidence-based Policy, Oregon Health & Science University) following the retreat.	
	ANNOUNCEMENTS	
Remaining 2017 Meetings	**Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!** The regular Board of Directors meetings for 2017 will be from 12-2:30PM on the following dates (the third Thursday of the month): May 18th June 22nd July 20th August 17th September 21st October 19th November 16th December 21st	