

July 2019 Meeting Minutes

ATTENDANCE		
Participants:	<p>Committee member(s) who attended via Go-to-Meeting: Scott Olander, Suzy Diaz, Martha Lanman, Dan Vizzinni, Kat Latet, LoAnn Ayers, Ryan Lantz</p> <p>Committee Member(s) absent: Rhonda Hauff, Caitlin Safford, Carrie Green, Sandra Suarez, David DiGuseppe, Melissa Hess, Darlene Darnell</p> <p>Guests: N/A</p>	
GCACH:	Carol Moser; Executive Director, Wes Luckey; Deputy Director, Becky Kolln; Director of Finance & Contracts, Rachael Guess; Finance & Contracts Coordinator, Diane Halo; Opioid Resource Network Project Manager	
MINUTES & REPORTS		
Welcome & Introductions:	<ul style="list-style-type: none"> Roll-call performed by Carol Moser. Meeting started at 10:03am. 	
ACTION ITEMS & UPDATES		
Approval of Minutes	<ul style="list-style-type: none"> Becky called the meeting to order at 10:03am and requested the review of May 2019 meeting minutes. <ul style="list-style-type: none"> No questions asked 	<p>LoAnn Ayers motioned to approve May 2019 Meeting Minutes.</p> <p>Ryan Lantz provided 2nd motion.</p>

<p>Cohort 3</p>	<ul style="list-style-type: none"> • Becky reviewed the GCACH Funds Flow Calculator spreadsheet with regard to projecting the number of sites for participating in Cohort 3. The first cohort with 45 Practice Transformation providers, hospitals, and primary care. Cohort 2 with 17 Behavioral Health organizations. Cohort 3 is intended to bring 20 providers to do Patient Centered Medical Home (PCMH). • Question – How were the unit value estimations calculated? Answer – <i>The detailed numbers come from activities that need to be completed by each partner. A value was assigned to those activities then applied consistently to each of the cohorts. The initial year of a cohort requires more capital, but decreases as systems are established. The sustaining funding are the additional funds that are awarded based on work specific to PCMH (e.g. bi-directional integration, care management, reporting, etc.). This spreadsheet was designed to not only show monies allocated by cohort, but over time. Implications include the annual cycles that vary for each cohort, as well as defining the composition of Cohort 3.</i> • Question –Is Cohort 3 primarily targeting those who have not had any sites within the first cohort process, or is it the potential for other sites that haven't been able to move forward in PCMH but may be part of a larger health system? Answer – <i>Right now that option hasn't been ruled out, however our initial intent is to include provider organizations that have not come into the Practice Transformation process. One example includes the student health centers located in universities (e.g. Central WA Student Health and</i> 	<p>Suzy Diaz motioned to approve Cohort 3 funding allocation LoAnn Ayers 2nd the motion.</p> <p>Ryan Lantz motioned to approve the scale & sustaining funding allocation for Cohorts 1-3. Martha Lanman provided 2nd motion.</p>
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	<p><i>Cougar Health). Determining the volume of Medicaid patients is the next step in this area.</i></p> <ul style="list-style-type: none"> • Wes mentioned the number of sites for Cohort 3 was partially based on the intent conclude with an ending balance of \$3 million. There is variability in terms of how we perform under pay for performance (i.e. 25% this year, 50% next year, and 75% the final year). The \$3 million helps give wiggle room. • Question – Of the sites involved with Cohort 2, are those sites involved with the 45 of Cohort 1? Will Cohort 3, are the 20 apart of the 45 be all new? Answer – <i>Cohort 3 will be all new, and there are 5 providers within Cohort 2 that are apart of cohort 1. One of the stipulations when contracting with Cohort 2 included demonstration of integrating something new to ensure no duplicative funding.</i> • Question – Hospitals take care of a lot of students at Central Washington University. Will the funding go to the student health center, or is funding available for providers actually providing the care? Answer – <i>if we choose central, the money would go to the clinic on campus.</i> • Becky demonstrated the proposed earned revenue by end of 2019. This is a preview of what the budget will look like for 2020-2023 (the life of project plus two years) and how it will be distributed across project and activities. These are the projects that we are currently doing along with those that we are proposing to fund. The budgets for 2020 and 2021 are still somewhat speculative regarding Community Health Fund, Resilience Fund, and some other areas. The 2019 budget is fixed. This spreadsheet allows GCACH staff to 	
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	<p>update as progress evolves. Will have a formal discussion when closing the budget for 2020.</p>	
<p>Opioid Resource Network (ORN) Presentation</p>	<ul style="list-style-type: none"> • An Opioid Resource Network (ORN) was created for Benton-Franklin and Walla Walla as one contract, which was awarded to Consistent Care and Blue Mountain Heart to Heart. They have joined together as a partnership to perform the management of the ORN. • This SBAR is for the development of three (3) more ORNs. <ul style="list-style-type: none"> ○ Whitman ○ Kittitas ○ Asotin/Columbia/Garfield • We are going to award each ORN \$100,000. This number was chosen due to the minimum 30 unique individuals that would be inducted to the Medication Assisted Treatment (MAT). The ORN is the hub and spoke model that the state has already established. Currently there is one ORN network funded by the state in Yakima, but no others across our region. This amount was determined by the taking the rate that patients prescribed opioids who develop a opioid use disorder (approximately 10%) and applying that to the number of ORN prescriptions per county. This will come out of the Phase 2 integration fund (which as been approved by the board). 	<p>LoAnn Ayers motioned to approve using \$300,000 from the Phase 2 Integration Incentive fund for the ORN in Whitman, Kittitas, and Asotin/Columbia/Garfield county for a twelve-month period with the possibility of renewal.</p> <p>Suzy Diaz provided 2nd motion.</p>

	<ul style="list-style-type: none"> • Question – There is not a guarantee for additional year of funding. Is there a requirement in the application to discuss a sustainability model? Answer – <i>The sustainability model will involve the OR manager to help train the providers in the area that PT partners reside, with the intent of transferring those patients. The ultimate goal is to have these ORN contracts established by the end of the year.</i> • Question – In SE Washington will there be a requirement to have it in every county? Answer – <i>No, the numbers are very small so we are expecting the OR manager to be responsible. Which is a challenge, but it's being done in Benton Franklin and Walla Walla. It is the responsibility of the Network Manager to create collaborations of relationships and agreements to bring in to the ORN.</i> 	
ADJOURNMENT		
<p>B&FF Committee Meeting Time</p>	<ul style="list-style-type: none"> • Committee meeting adjourned at 10:44am by Becky Kolln 	

<p>Next Meeting & Goals</p>	<p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</p> <ul style="list-style-type: none"> The next regularly scheduled Budget and Funds Flow Committee Meeting will be held on August 13, 2019 from 10:00am-11:00am. This meeting will be held in person at the CAC Board Room and provided with a conference call number for those who cannot make it in person. 	
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