

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Board of Directors Meeting Minutes Thursday, April 15, 2021 | 12:30 PM to 3:00 PM *Teleconference ONLY*

ATTENDANCE			
Board Members # Members: 17 Quorum: 9	President	Brian Gibbons (Astria Sunnyside Hospital) -----	Healthcare Providers
	Vice President	Sandra Suarez (Yakima Valley Farm Workers Clinic) -----	FQHCs
	Treasurer	Julie Petersen (Kittitas Valley Healthcare) -----	Hospital
	Secretary	Madelyn Carlson (People for People) -----	Transportation
	Past President	Rhonda Hauff (Yakima Neighborhood Health Services) -----	Housing
		Dan Ferguson (Yakima Valley Community College) -----	Workforce
		Dana Oatis (Lourdes) -----	Behavioral Health
		Eric Nilson (Kennewick Fire Department) -----	Public Safety
		Kate Mundell (Coordinated Care) -----	Managed Care Organizations
		Katherine Saluskin (Yakama Nation) -----	Tribes
		Kendra Palomarez (Catholic Charities) -----	Community/ Faith Based Org
		LaDon Linde (Yakima County Commissioner) -----	Local Government
		Les Stahlnecker (Education School District 123) -----	Education
		LoAnn Ayers (United Way of Benton & Franklin Counties) -----	Philanthropy
	Martha Lanman (Columba County Public Health Dept) -----	Public Health	
Ronni Batchelor (Lourdes Health Network) -----	Consumer		
Susan Grindle (HopeSource) -----	Social Services		
Tonya Kreis (Yakama Nation) -----	Tribes		
GCACH Staff	Brissa Perez	Diane Halo	Sam Werdel
	Brittany FoxStading	Laurel Avila	Wes Luckey
	Carol Moser	Martin Sanchez	Haydee Hill
	Chelsea Chapman	Sula Savchuk	Damia Safford
	Guests	Cathy Homkey (HMA)	Liz Arjun (HMA)
WELCOME AND INTRODUCTIONS			
Welcome & Introductions,	Les, GCACH Vice President of the Board, facilitated the meeting. Quorum was met with a total of 14 voting members present (or calling in) to the meeting.		

Thank you for your engagement with GCACH!

Consent Calendar Brian Gibbons	<p>The Board reviewed the conflict of interest and the self-dealing transactions. Next, they reviewed the March 2021 Board meeting minutes.</p> <p>Eric Nilson moved to approve the March 2021 Board meeting minutes. Seconded by Kendra Palomarez. Motion passed.</p> <p>Welcome Damia Safford, GCACH Office Manager by Carol Moser.</p> <p>No further discussion.</p>
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REPORTS AND UPDATES

GCACH Report for April 2021 GCACH Staff	<p>Staff spoke to the GCACH report for April 2021. This included the following articles:</p> <ul style="list-style-type: none"> – Semi-Annual Report 6.0-GCACH Receives 100% Score. Haydee shared that GCACH received approval for achievement of the Medicaid Transformation Project milestones for reporting period July 1- December 31. <div data-bbox="527 856 1226 1423" style="border: 1px solid #ccc; padding: 5px;"> <p>Demonstration Year 4 (July 1 – December 31, 2020) Project Incentive Funds Earned <small>Table 1. Total P4R Project Incentives Earned by Project</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="background-color: #00728f; color: white; text-align: center;">Greater Columbia ACH</th> </tr> <tr> <th style="width: 50%;">Project</th> <th style="width: 10%;">Total AVs Achieved</th> <th style="width: 10%;">Maximum Possible AVs</th> <th style="width: 30%;">Incentives Earned</th> </tr> </thead> <tbody> <tr> <td colspan="4"><i>Potential Project Plan Incentives</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$3,404,499</td> </tr> <tr> <td colspan="4">Domain 2: Care Delivery Redesigns</td> </tr> <tr> <td>2A: Bi-directional Integration of Physical and Behavioral Health through Care Transformation</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> <td style="text-align: right;">\$1,911,298</td> </tr> <tr> <td>2C: Transitional Care</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: right;">\$776,465</td> </tr> <tr> <td colspan="4">Domain 3: Prevention and Health Promotion</td> </tr> <tr> <td>3A: Addressing the Opioid Use Crisis</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> <td style="text-align: right;">\$238,912</td> </tr> <tr> <td>3D: Chronic Disease Prevention and Control</td> <td style="text-align: center;">8</td> <td style="text-align: center;">8</td> <td style="text-align: right;">\$477,824</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">34</td> <td style="text-align: center;">34</td> <td style="text-align: right;">\$3,404,499</td> </tr> </tbody> </table> <p>Demonstration Year 4 (Q1-Q4) VBP P4R Incentive Funds Earned <small>Table 2. Total VBP P4R Incentives Earned Demonstration Year 4 (Q1 – Q4)</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #00728f; color: white; text-align: center;">Greater Columbia ACH</th> </tr> <tr> <th></th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Value Based Payment Incentives</td> <td style="text-align: right;">\$ 150,000</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Leadership Council on Digital Community Clinical Linkages. Wes will be presenting a slide show later in the meeting on “Community Based Care Coordination & Survey.” • Learning Collaborative on the Social Determinants of Health (SDOH). Brittany provided an update for the Practice Transformation Team. The main focus is addressing barriers that sites are experiencing. During the learning collaborative, organizations will get to learn about best practices, tools to use, and resources available for SDOH. 	Greater Columbia ACH				Project	Total AVs Achieved	Maximum Possible AVs	Incentives Earned	<i>Potential Project Plan Incentives</i>							\$3,404,499	Domain 2: Care Delivery Redesigns				2A: Bi-directional Integration of Physical and Behavioral Health through Care Transformation	9	9	\$1,911,298	2C: Transitional Care	8	8	\$776,465	Domain 3: Prevention and Health Promotion				3A: Addressing the Opioid Use Crisis	9	9	\$238,912	3D: Chronic Disease Prevention and Control	8	8	\$477,824	Total	34	34	\$3,404,499	Greater Columbia ACH			Total	Value Based Payment Incentives	\$ 150,000
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Thank you for your engagement with GCACH!

- Local health Improvement Network (LHIN) Update. Carol informed the Board that all third-party administrator contracts have been signed for addressing Social Determinants of Health. Look for the announcements for funding coming from each TPA.
- Practice Transformation Spotlight on Palouse Medical. Brittany recognized Palouse Medical in Pullman that is addressing the crisis with a pandemic recovery task force that includes multiple community members. They were once the epicenter for the virus. Over 62% of eligible individuals have received at least one dose within Whitman County.
- Practice the Pause Campaign Update. Carol shared we are getting great feedback. Teachers in Richland have enjoyed the materials available in classrooms and it has provided resourceful tools for the students.
- Community Health Worker Internship Program. Carol provided an update on the Technical Assistance webinar on March 30th. It was an excellent webinar. Applications are due April 16th.
- Washington’s Health Workforce Sentinel Network. Carol noted the advertisement process for providers. Providers are strongly encouraged to participate in survey. Dan chimed in about the challenges of participation and organizations recognizing the value. He encouraged people to contact him with any questions.
- Special Use Permit for Pasco Haven Approved! Carol informed the Board that the Special Use Permit for Pasco Haven was approved by the Pasco Hearings Examiner on March 29th. The permanent supportive housing project will serve individuals experiencing chronic homelessness and chronic mental illness.

Community Based Care Coordination
Wes

Wes, presented on the Community Care Coordination with attached slides for review. The slide deck can be accessed through the [GCACH website](#),

ACH Shared Vision: Community-Based Care Coordination (CBCC)

ACH Shared Vision: Essential Components of CBCC



ACH Shared Vision for CBCC:

Every person in the state of Washington receives the community-based care coordination support they need **regardless of insurance status** to make improvements to their health.

Definition:

- CBCC is comprised of both local and statewide infrastructure, and reflective of regional needs and resources.
- CBCC reduces fragmentation and improves access, coordination and support for individuals and families across the care continuum.
- CBCC is broader than medical care coordination, is truly locally based and addresses social determinants of health needs.

- Crosses systems and is implemented across conditions, services, and settings, and is regularly monitored and evaluated for efficiency and effectiveness across providers and payers
- Addresses social determinants of health along with physical, behavioral and oral health needs
- Leverages trusted community-based workers and peer supports
- Bridges historically siloed community and clinical resources
- Provides a continuum of care for individuals and families through referrals, follow-up, communication and collaboration.
- Transforms care delivery from episodic to a patient-centered and community-based health and wellness focus, including management through transitions of care
- Utilizes a system of standardized processes that identify, define and resolve coordination needs for individuals along the care continuum
- Actively manages health conditions through patient and provider engagement and education

Thank you for your engagement with GCACH!

	<p>Wes discussed the CIE Survey and reviewed the Leadership Council results. He encouraged the Board to take the survey to inform GCACH's plan for a CIE.</p>
ACTION ITEMS	
<p>March 2021 Financial Reports Haydee</p>	<p>Haydee Hill Finance Director, reviewed the March 2021 Financial Reports.</p> <p>Julie, Treasurer expressed her approval of Haydee's work that is being done, and thanked Carol for the direction that the organization is going.</p> <p>Currently Haydee is working on creating schedules for depreciation and getting ready for the audit.</p>

Thank you for your engagement with GCACH!

Greater Columbia Accountable Community of Health

Budget vs. Actuals
January - December 2021

	TOTAL				
	ACTUAL	BUDGET	REMAINING	% OF BUDGET	% REMAINING
Revenue					
4000 Grants	1,733,774.93	1,929,600.37	195,825.44	89.85 %	10.15 %
4020 Interest	12,967.10	39,999.96	27,032.86	32.42 %	67.58 %
4030 Contracts	3,106.06		-3,106.06		
4700 Portal Income	44,571.00		-44,571.00		
4710 WAFE Portal Distributions	3,666,056.30		-3,666,056.30		
Total Revenue	\$5,460,475.39	\$1,969,600.33	\$ -3,490,875.06	277.24 %	-177.24 %
GROSS PROFIT	\$5,460,475.39	\$1,969,600.33	\$ -3,490,875.06	277.24 %	-177.24 %
Expenditures					
1 SIM FUNDING					
6004 Employee Benefits					
6010 Health Insurance	16,265.04	66,996.00	50,730.96	24.28 %	75.72 %
6011 Dental Insurance	532.45	6,504.00	5,971.55	8.19 %	91.81 %
6020 Retirement	5,328.19	42,000.00	36,671.81	12.69 %	87.31 %
Total 6004 Employee Benefits	22,125.68	115,500.00	93,374.32	19.16 %	80.84 %
6005 Salaries and Wages	228,549.26	1,216,297.54	987,748.28	18.79 %	81.21 %
6015 Payroll Taxes	18,332.77	68,202.32	49,869.55	26.88 %	73.12 %
6025 Professional Services	4,187.18	69,546.96	65,359.78	6.02 %	93.98 %
6026 Audit and Accounting Fees	3,685.50	25,000.00	21,314.50	14.74 %	85.26 %
6027 Legal Fees		2,220.00	2,220.00		100.00 %
6028 Consulting Contracts	43,953.13	53,233.01	9,279.88	82.57 %	17.43 %
6031 IT Repairs & Maintenance		15,000.00	15,000.00		100.00 %
6032 Office Supplies	1,034.57	9,999.96	8,965.39	10.35 %	89.65 %
6033 Subscriptions	3,599.76	22,200.00	18,600.24	16.22 %	83.78 %
6034 Office Rent	18,265.95	63,000.00	44,734.05	28.99 %	71.01 %
6035 Cell Phones	2,152.23	9,579.96	7,427.73	22.47 %	77.53 %
6036 Utilities	434.88	2,000.04	1,565.16	21.74 %	78.26 %
6037 Bank Service Fees	30.00		-30.00		
6040 Food, Lunch & Activities	129.99	4,999.92	4,869.93	2.60 %	97.40 %
6044 Program Expense	12,864.00		-12,864.00		
6045 Marketing Expenses	6,018.10	20,000.04	13,981.94	30.09 %	69.91 %
6050 Insurance		6,000.00	6,000.00		100.00 %
6055 Staff Travel - Operations		15,000.00	15,000.00		100.00 %
6060 Staff Travel & Training	4,122.66	34,999.92	30,877.26	11.78 %	88.22 %
6075 Community Engagement		30,000.00	30,000.00		100.00 %
6080 Learning Collaboratives	1,150.00	137,916.00	136,766.00	0.83 %	99.17 %

Accrual Basis Tuesday, April 6, 2021 12:34 PM GMT-07:00

1/2

Julie Petersen moved to approve the Financial Statements as presented. Seconded by Rhonda Hauff. Motion passed.

Extension to Behavioral Health Internship
Diane

Diane provided a status update to the BH Internship. Several providers had requested an extension of the internship due to COVID. Due to COVID many interns were not able to get hired or have any face-to-face clinical work. GCACH staff had recommended extension to June 2022 using existing funds only.

Thank you for your engagement with GCACH!

	<p>LoAnn Ayers moved to approve the BH Internship extension to June 30, 2022 using existing monies. Seconded by Eric Nilson Motion passed.</p> <p>Kendra Palomarez abstained since she is one of those agencies seeking an extension. Brian noted it for future discussions.</p>
FIRST READING	
None	No first readings at this meeting.
DISCUSSION ITEMS	
<p>Business Plan Presentation-HMA Liz/Cathy</p>	<p>Carol provided a brief introduction of presenters. Cathy Homkey and Liz Arjun. HMA was hired to help us with our Business Plan, and today's discussion brings us to a decision point.</p> <p>HMA Approach- The business planning process was designed to help build the GCACH enterprise to be most effective and sustainable as a result of the work conducted by the team. The work is divided into 3 phases and we are currently at the end of Phase I.</p> <p>Fortunately, the HCA Priorities for Year 6: "BRIDGE YEAR" align with GCACH's core competencies and their vision to be an "Innovation Center (HCA's vision) or GCACH's identity of "A Center of Excellence." Findings from the SWOT analysis included:</p>

Thank you for your engagement with GCACH!

FINDINGS			
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ➤ Seen as a trusted partner across sectors ➤ Expertise in addressing challenges for rural health care delivery ➤ Recognized as proficient in providing technical assistance in health care transformation activities ➤ Under the waiver, GCACH has been able to fund resources and activities – they have held partners accountable 	<ul style="list-style-type: none"> ➤ Transformation efforts have been targeted on clinical providers, not community-based organizations ➤ Partners are unable to clearly articulate the value proposition of GCACH /or what would be the ROI of purchasing services ➤ Core Competencies are too broad, needs more specificity ➤ Have not fully integrated care across multiple sectors 	<ul style="list-style-type: none"> ➤ Potential waiver extension allows time to further develop and test menu of services ➤ Align strategies and services with other ACHs ➤ Serve as a thought leader to reassess and re-engage providers and community partners to focus on impact of pandemic and their role in addressing health equity and racial justice ➤ Energy around idea for GCACH to continue to facilitate dialogue amongst partners 	<ul style="list-style-type: none"> ➤ No waiver extension and/or renewal ➤ Lack of ongoing funding ➤ Competition from other partners with similar focus areas and initiatives <ul style="list-style-type: none"> ➤ Care Coordination ➤ Training ➤ Housing ➤ MCOs strategy in support of VBP ➤ Future engagement of providers and partners

HEALTH MANAGEMENT ASSOCIATES

Discussion Question:

- What are the critical issues GCACH may face and is there an opportunity to develop strategies for meeting them? The survey respondents were more concerned with addressing challenges with Care Coordination, SDOH and Health Equity compared with VBP, and there were few areas where respondents were interested in purchasing services.

Cathy took the Board through the survey results:

Thank you for your engagement with GCACH!

■ SURVEY RESULTS

- + 29 Respondents
 - + 9 CBOs
 - + 18 Clinical providers
 - + Other (e.g. consultants)
- + 58% participated in the GCCM
- + 62% strongly agree that “the community served by our organization benefitted from the GCACH activities”
- + Close to 80% are highly satisfied or satisfied with the services they’ve received from GCACH
- + Respondents prefer in-person communication as opposed to other modalities

■ SURVEY RESULTS

- + Respondents rely on multiple organizations to gain insights, share ideas, or shape policies; GCACH is recognized most as liaison between MCOs, HCA, and local providers and for information about the WA Transformation Policies
- + Respondents are more concerned with addressing challenges with Care Coordination, SDOH and Health Equity compared with VBP
- + Few areas where respondents are interested in purchasing services
- + Quality and services are more important than price in paying for services
- + Respondents prefer a Fee-for-Service model

Cathy shared the survey results for “Interest in Purchasing” emphasizing those that reflect alignment with HCA’s Bridge year (highlighted in yellow).

Technical Assistance: reflected promise in practice coaching, however PCMH certification, practice coaching for chronic disease management, facilitating value-based contracts, and deployment and implementation of the GCCM model didn’t score as high. Cathy emphasized that the results of the survey should be taken in context as to who scored the survey elements. These services could also be more refined as a menu item or taught through Learning Collaboratives.

Thank you for your engagement with GCACH!

SURVEY RESULTS: INTEREST IN PURCHASING

Service	Yes	No
Technical Assistance:		
Patient Centered Medical Home certification	16%	84%
Practice Coaching for behavioral health integration	43%	57%
Practice Coaching for chronic disease management	8%	92%
Facilitating value-based contracts	42%	58%
Deployment and implementation of the Greater Columbia Cares Model	33%	67%
Resources, tools and clinic evidence-based practices that can be adapted to individual organizations	42%	58%
Consultative Services:		
Interim staffing to support practice transformation efforts	24%	76%
Support for organizational change management	31%	69%
Data Analytics for population health management	28%	72%
Grant writing services to pursue opportunities identified by the organization	35%	65%
Access to a community information exchange	60%	40%
Access to data analytical support	40%	60%
Community-based care coordination (leverage collaborative resources, knowledge database, EMR/HIT, workflow and communication processes to promote quality innovative care delivery)	40%	60%
Facilitate achievement of grant deliverables	42%	68%
Regional Convener and Communicator:		
Host, facilitate and convene partners to identify and act collectively on regional health priorities	56%	44%
Professional development opportunities through learning collaboratives or trainings with subject matter experts	69%	31%
Serve as a liaison with MCOs and State partners on behalf of the region and identified health priorities	58%	42%
Legislative advocacy at the state and local level on community priorities	59%	41%
Information disseminator about issues and opportunities related to the health of the regional population	59%	41%

Consultative Services: Interim staffing, support for organizational change management, grant writing, data analytical support, lower than expected but take into context. Access to a community information exchange aligns with Bridge year and aligns with GCACH priorities. Keep into perspective look at areas within menu of services to refine and align with HCA, and with regard to need of organizations.

Regional Convener and Communicator: These services resonated, but consider there are other entities that do these services according to the SWOT analysis.

Discussion from the Board

Rhonda stated that while the CIE model is really important, GCACH has dedicated a lot of energy to the PCMH model. Nothing replaces a registry like a well-informed case manager who knows the community. Care managers that are directly connected to the PCP, and the patient produce better outcomes. No CIE see this as a priority; being directly connected to the E H R that is connected to the PCP. This is the only way that the outcomes will be improved.

LoAnn: What are the sweet spots for paying for services?

Thank you for your engagement with GCACH!

	<p>Carol: Convening role. Workforce that supports the primary care model like CHWs, and BH Internship model.</p> <p>Brian: One of the themes he heard from Rhonda, we've spent 4 years to develop PCMH as our priority. Possibilities to modify, tweak or change directions, but start with PCMH. What is our next step beyond PCMH to make it more in alignment with the market place? Brian felt that it is not in our best interest to throw away 5 years of work on PCMH, but perhaps there are possibilities to modify or tweak direction. We have to stay the course, keep the base and utilize the expertise developed over time. We might find that the CIE, and VBP is reinforced by the PCMH model, similar to the Triple Aim. Let's keep doing the PCMH and base our future in those roots.</p> <p>Cathy: Core competencies too broad; what is the marketable product? Opportunity is to hone in on those marketable products.</p> <p>Laurel informed attendees what has been working for Providence Health is showing a good return on investment. Our Partnering providers do not have current tools to be successful like Providence.</p> <p>Les mentioned that the schools provide a fair amount of health care, but it is very disconnected to the health care system. But needs to be reconnected. Consider other populations that can benefit to be included in the conversations as we put together these models.</p>
<p>MTP Year 6/Next Steps Carol Moser</p>	<p>Decision Point:</p> <ul style="list-style-type: none"> ○ Move forward with business planning process and focus on one or two agreed upon Core Competencies with succinct menu of services <p>OR</p> <ul style="list-style-type: none"> ○ Revisit strategic planning process to identify very specific, tangible activities GCACH can market and build upon with existing resources <p>Next steps would be a sustained menu of services.</p> <p>Brian stated that moving forward with the plan is the right course, and to tweak things within the business plan.</p> <p>Rhonda would like to add some component of Workforce help on the menu of services.</p> <p>Ronnie: There is a strong need to provide services that meet the needs of the community that the ACHs can address and be a conduit for information</p> <p>Cathy: How to winnow down the broad categories of technical assistance, convener role and consultative services given the survey results?</p>
ADJOURNMENT	
<p>Adjournment</p>	<p>Meeting adjourned at 3:05 pm. Minutes taken by Damia Safford. Find the recording here: https://youtu.be/upyNYyNFSOc</p>

Thank you for your engagement with GCACH!

Recap of motions:

- March 2021 Board Minutes
- Approval of Financial Statements March 2021
- BH Internship Extension to June 30, 2022
- Damia to circle back with Wes in regards to Board Survey
- Cathy mentioned she will get with Carol to decide exactly the next steps for this process to move towards the outcome.

Thank you for your engagement with GCACH!