



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

Board of Directors

Meeting Minutes

February 21, 2019 | 12:30 pm – 3:00 pm

Tri-Cities Community Health (TCCH) | 800 W. Court Street, Pasco, WA 99301

ATTENDANCE

Board Members (*: called in):	<p>Martha Lanman* (Public Health Sector, Vice President) Brian Gibbons (Healthcare Providers Sector, Treasurer) Madelyn Carlson* (Transportation Sector, Secretary) Ronni Batchelor (Consumer Sector) Les Stahlnecker (Education Sector) Susan Grindle (Social Services Sector), Dan Ferguson (Workforce Development Sector) Darlene Darnell (Community-Based Organizations (CBOs) & Faith-Based Organizations (FBOs)) Julie Petersen (Hospital Sector) Sandra Suarez (Federally Qualified Health Centers (FQHCs) Sector) Dana Oatis (Behavioral Health Sector) Carrie Green (Philanthropy Sector) Ruben Alvarado (Local Government Sector) Tonya Kreis (Yakama Nation Representative) Eric Nilson (Public Safety Sector, The Board voted for him to become a Board Member at start of this meeting) Jorge Rivera* (Managed Care Organization (MCO) Sector)</p>
Guests (*: called in):	Sierra Foster, Marissa Ingalls, Kat Latet, Joel Chávez, Antonio Gonzalez
Staff/Facilitator	Carol Moser, Wes Luckey, Becky Kolln, Rubén Peralta, Lauren Johnson, Diane Halo, Jenna Shelton, Martin Sánchez, Patrick Jones, Aisling Fernandez, Sam Werdel, Rachael Guess
Welcome & Introductions:	<ul style="list-style-type: none"> Brian Gibbons, GCACH Board Treasurer, facilitated the meeting.

	<ul style="list-style-type: none"> • Quorum was met with a total of 16 members present (or calling in) to start the meeting, including Eric Nilson for Public Safety after the first agenda item. • The Board reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval. 	
MINUTES & REPORTS		MOTIONS
GCACH Public Safety Sector Representative (Sandra Suarez):	<ul style="list-style-type: none"> • The Board thanked Sandra for her hard work leading the Nominating Committee. 	<ul style="list-style-type: none"> • Motion by Sandra Suarez to approve Eric Nilson, EMS Officer at Kennewick Fire Department, as the new Public Safety Sector Representative on the 2019 Board of Directors (BOD). Seconded by Ronni Batchelor. Motion passed.
Consent Calendar (Brian Gibbons):	<ul style="list-style-type: none"> • 1/17/19 Meeting Minutes were accepted by the Board members who had previously reviewed them. There was no discussion. 	<ul style="list-style-type: none"> • Motion by Susan Grindle to approve the Consent Calendar, which included the January 17th, 2019 Board minutes. Seconded by Sandra Suarez. Motion passed.
GCACH Report & Updates (GCACH Staff):	<ul style="list-style-type: none"> • The GCACH Report provides great narratives on recent work and upcoming events. Staff asks the Board to read the report independently for more detail. • Highlights of the GCACH Report include: <ol style="list-style-type: none"> 1. <u>Network Management for the Opioid Resource Network:</u> For more information, please see the Board Motion, “RFP for Network Manager for Opioid Resource Network (Diane Halo, Wes Luckey)” further down in the minutes. 2. <u>Washington Financial Executor (WAFE) Portal Update:</u> GCACH has made payments made to our providers through the WAFE Portal in each of our project areas during 2019 (\$3,093,882 so far), and the year-end total for 2018 (\$3,302,518). The Practice Transformation Providers are doing a great job accomplishing their milestones and have been receiving payments totaling \$1,255,000 for Provider Engagement. 3. <u>GCACH Health Information Technology (HIT) Initiatives Update:</u> <ol style="list-style-type: none"> a. <u>CSI Solutions Practice Transformation Reporting Platform:</u> The contract with CSI for the website was finished a week before the Board meeting. Milestones for GCACH are unique and extensive, pushing out the deadline for finishing the site. 	

- b. DataMotion Direct Secure Messaging Interoperability: Interoperability supports coordination of care and links clinical providers to clinical providers and providers to community-based organizations. We also support the implementation of DSM technology within our regional EMS organizations and will make funding available to those organizations wishing to adopt it.
 - c. Health Commons: This is a referral management system that establishes care pathways. Most of the work involves setting up the processes and workflows of the organization and applying HIT as needed. Once a “use case” has been established, referrals can be added fairly easily.
- 4. 2019 GCACH Housing Summit: 2018 was consumed with getting the PCMH model underway, and now GCACH is helping tackle other big issues in our communities. The LHINs have identified the top social determinants for their regions, and most of them identified housing as a priority. Housing is very fundamental to health. Lourdes approached GCACH with concern about the loss of supportive housing assets in Benton and Franklin Counties, so GCACH is hosting a housing summit to discuss the need for permanent supportive housing in the bi-county area. The convening will take place on Tuesday, March 19, 2019 from 2:00 pm – 4:30 pm at United Way of Benton and Franklin Counties; 401 North Young Street, Kennewick, WA 99336. The terms are “Low Barrier Housing” and “Housing First.” With the current system, some individuals have been sent off in cabs from hospitals with no where to go and left out in the cold.
- 5. Adverse Childhood Experiences (ACEs)/Resilience Media Campaign: The Communications Committee recently met to discuss the ACEs/Resilience Media Campaign. It was decided to create a task force comprised of persons with varied expertise to help guide Greater Columbia ACH in ensuring the messaging is focused, targeted, demographically sensitive, and complementary to the efforts already being carried out locally within our region. The Communications Committee recommended 27 people for the task force and so far, 21 have committed to participating. The Pasco School District has also enthusiastically agreed to participate and have volunteered their marketing team.
- 6. Practice Transformation Navigator Update:
 - a. The navigators asked sites if they have Direct Secure Messaging. They did a DSM demo with PMH. Jenna and Martin will continue to get and give trainings on how to make DSM more meaningful for partner organizations.
 - b. The Practice Transformation Navigators have been meeting with organizations to review the Toolkit, Reporting Workbook and budgets via GoToMeeting and Skype, but mostly through virtual tools like Skype and Go-To-Meeting because of the weather. Organizations from our nine-county region have been giving excellent feedback on the Toolkit and Reporting Workbook. As the first reporting date approaches, the Practice Transformation Navigators

will continue to work with the organizations so that they can complete all of the Milestones in the Reporting Workbook.

7. Regional Summit on Opioid Use Disorder and Trauma Informed Care: GCACH is partnering with Pacific Northwest University to host this summit and is hoping to see sponsorships cover some of the speaker fees. There will be about 26 speakers and 4 tracks. GCACH is securing top-notch speakers, and one of the co-founders of the ACEs work, Dr. Vincent Felletti will be a speaker.
 8. February 2019 Leadership Council Meeting: The Health Care Authority (HCA) contracted with the Center for Community Health and Evaluation (CCHE) in 2016 to monitor the “essential elements of collaboration of ACHs.” CCHE chose six functional domains that capture the story of the ACHs’ development, successes and challenges. Greater Columbia ACH recently received the results from the 2018 survey. All of the ACHs are struggling with Community Engagement and this is a common area for improvement.
 9. Greater Columbia Region Behavioral Health Ombuds Service: The contract for the Greater Columbia Region was awarded to Behavioral Health Ombuds Service. This is a consumer directed advocacy service. The Ombuds will assist informally and investigate complaints relating to your behavioral health provider. They will also help navigate consumer grievances with the Behavioral Health Administrative Service Organization (BH-ASO) or managed care organization (MCO). The Ombuds will also assist individuals with the appeal and administrative hearing process if requested.
- Local Health Improvement Network (LHIN) Tracker: Each LHIN is going through the process of identifying Social Determinants of Health priorities. Benton Franklin has selected their top priorities, and are digging deeper; the contract is close to being completed. The Blue Mountain Region is further along. They have captured the consumer voice by conducting over 200 surveys. The Third Party Administrator (TPA) for the Kittitas LHIN has been determined, and hopefully by the end of April or early May, will be going through applications to decide on who is going to work on the projects. Kittitas selected Housing and Food Security as their Social Determinants priorities. SW WA has selected a TPA, and the language in the contracts was good and funds will follow. Whitman will make a decision soon at their monthly meeting about working to address ACEs. Yakima and Kittitas are going through the process of contracting with a Third Party Administrator. Housing, transportation, employment and education are the priority Social Determinants for the Yakima LHIN.
 - Practice Transformation Status Tracker: All of the sites turned in their 2018 cost-analysis last week. There are 46 sites between Jenna and Martin, including hospitals and clinics. Comment that MIPS data and metrics are very similar to PCMH, which is really helpful. The projects are leveraging each other. The navigators are supporting all of the sites through the quarterly system, helping each group to be ready for reporting, see the improvements and investments they’ve made with money, and not miss out on receiving any money.

ACTION ITEMS

MOTIONS

<p>Year-to-Date (YTD) & January Financial Reports (Becky Kolln):</p>	<ul style="list-style-type: none"> • Julie Peterson and Jorge Rivera have joined the Finance Committee. • Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Financial Reports, which included: <ol style="list-style-type: none"> 1. Balance Sheet 2. Budget vs. Actuals 3. January 2019 Statement of Activity • Financials of note: <ol style="list-style-type: none"> 1. The Budget vs. Actuals spreadsheets shows that: <ol style="list-style-type: none"> a. GCACH has \$150,000.00 in Yakima Valley Foundation funds. b. The Design Money (now called Operations Budget) is \$2.7 million for 2019. c. DSRIP Incentive Funding is in the portal and ready to be allocated to providers. d. The Numerica Money Market account holds all of GCACH's operating money. 	<ul style="list-style-type: none"> • Motion by Sandra Suarez to accept the January financial reports as presented, which included the Balance Sheet, the Budget vs. Actuals, and the January 2019 Statement of Activity. Seconded by Darlene Darnell. Motion passed.
<p>RFP for Network Manager for Opioid Resource Network (Diane Halo, Wes Luckey)</p>	<ul style="list-style-type: none"> • Wes presented the Opioid Data Presentation and the GCACH Opioid Resource Network (ORN) Timeline to provide statistics on opioid addiction, prescriptions and overdoses from CDC and WA DOH, informing the decision to put GCACH resources into solving this serious population health issue. <ol style="list-style-type: none"> 1. The timeline shows that the Opioid Resource Network has been an element in the GCACH plan since October 2017, beginning as a key strategy in the GCACH project plan for project 3A, included in the implementation plans in January 2018 and January 2019, and leading up to this meeting, the Budget and Funds Flow Committee approved \$300,000 to finance an ORN for Benton, Franklin and Walla Walla Counties. • <u>Situation (from 2-6-19 SBAR document):</u> <i>GCACH is requesting to use \$300,000 from the DSRIP budget to fund a Network Manager for an Opioid Resource Network (ORN) for Benton, Franklin and Walla Walla counties. The purpose of the ORN is to coordinate a systemic response to the complex issues of opioid addiction among the Medicaid and low-income populations, focusing specifically on Medication Assisted Treatment (MAT) for individuals with opioid use disorder (OUD). The Tri-Cities region has not received funding to address the opioid crisis through</i> 	<ul style="list-style-type: none"> • Motion by Julie Peterson to approve the allocation of \$300,000 from the DSRIP funds to contract with a Network Manager for the Opioid Resource Network for a twelve-month period. Seconded by Sandra Suarez. Motion passed. Jorge Rivera abstained.

	<p><i>a State funded program yet has some of the highest rates of chronic use and opioid related deaths in the GCACH service area. (update: Following the Board meeting, GCACH requested opioid grant information from the HCA, and received a list of Opioid grants that includes funding for Opioid Treatment Networks for the Benton and Franklin County jails, and the Kadlec Regional Emergency Department.)</i></p> <ul style="list-style-type: none"> • Board & Staff Discussion: <ol style="list-style-type: none"> 1. The map shows grants across the state for ORNs but notice that there is a big gap across Eastern WA State. 2. GCACH hopes that OHSU or another outside reviewer will do the scoring. The Number Needed to Treat (number of individuals GCACH has to direct into Medicated Assisted Treatment (MAT) this year) was 77, but it is now 100 in the RFP. We want our providers to benefit from this, and they will be required to provide monthly reports and comply with Pay for Reporting (P4P). 3. The Network Manager will help train the practice transformation organizations on how to case manage the opioid use patients. 4. The structure for the RFP was based on the statewide proposal and GCACH added the piece about using local providers, which will help the work have a head start. 5. The learning collaborative is part of the RFP to support MAT providers to learn and grow from this collaboration and funding. • The MCO Sector abstains (but generally supports the idea). 	
<p>LHIN Contract (Becky Kolln, Rubén Peralta):</p>	<ul style="list-style-type: none"> • The LHIN contract was brought to the Board in January and staff brought it back this month after including input from the Board and the LHINs. Changes were minor. • The Board approved the LHIN contract as presented. 	<ul style="list-style-type: none"> • Motion by Dan Ferguson to approve the Local Health Improvement Network (LHIN) contract as presented. Seconded by Ruben Alvarado. Motion passed.
<p>LHIN Training Request Form/Policy (Rubén Peralta)</p>	<ul style="list-style-type: none"> • The purpose of the LHIN Training Policy and Form is: <ol style="list-style-type: none"> 1. <i>Greater Columbia Accountable Community of Health (GCACH) seeks to encourage and support active Local Health Improvement Network participants to attend trainings, seminars, and conferences that will equip the attendee with the knowledge and</i> 	<ul style="list-style-type: none"> • Motion by Les Stahlnecker to advance the Local Health Improvement Network (LHIN) Training Request Form and Policy as presented. Seconded by

	<p><i>skills to facilitate capacity building in pursuing the population health goals of our region.</i></p> <p>2. <i>The LHIN Training Request Policy defines the process to request funds from GCACH to attend trainings, conferences, or to host a trainer. This policy also outlines GCACH’s criteria and decision-making process for approval.</i></p> <ul style="list-style-type: none"> • Board & Staff Discussion: <ul style="list-style-type: none"> 1. Each LHIN receives \$5,000 per year. They can bring in trainers, they can pool funds with other LHINs, they can charge registration fees. 2. The Board approved the LHIN Training Request Form and Policy documents as presented. 	<p>Ruben Alvarado. Motion passed.</p>
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DISCUSSION ITEMS

<p>Numbers Needed to Treat/Distribution of Patient-Centered Medical Home (PCMH) Funding (Wes Luckey, Lauren Johnson)</p>	<ul style="list-style-type: none"> • Numbers Needed to Treat (NNT) represents the change in the number of members or visits (i.e. change in numerator) for a given population that is required to reach the rate for a particular goal (MTP Pay-For-Performance or P4P) or meet a peer-group average (Washington State average). The goal represents the GCACH MTP P4P goal for 2019. The peer-group average is the overall 2017 Washington statewide average. Numbers in red represent performance that is worse than the 2019 P4P or statewide average. Numbers in green represents performance that is better than the 2019 P4P goal or statewide average. • This year (2019) is the first year GCACH is being held accountable to Pay for Performance goals. • Discussion: <ul style="list-style-type: none"> ○ Why is the metric missing for Mental Health Treatment Penetration for those less than 6 years old? <ul style="list-style-type: none"> ▪ The HCA didn’t provide ACHs with those numbers. ○ What if we add more measures for the benefit of our region? <ul style="list-style-type: none"> ▪ That’s possible, but the numbers presented represent the metrics GCACH is responsible for in order to be awarded incentive payments, which are transferred to our participating providers and programs. In general, the numbers represent a 2% change or improvement over the baseline year (2017). Each number represents one client. For ED visits and inpatient admissions, these represent visits or stays but are roughly equivalent to one person. ▪ This analysis guides GCACH’s strategic planning and knowing when we have reached a marker of success. If you look at Substance Use Disorder Treatment Penetration, the NNT for GCACH is 77. Example: If 77 people (18 years and older) with an opioid use disorder have been identified within the past two years, and received medication assisted treatment or medication-only treatment for opioid use disorder during the measurement year (2019), GCACH will meet the target.
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	<ul style="list-style-type: none"> ▪ Relative to Washington State, the metrics for ED visit rates represent the largest disparity and greatest opportunity for improvement. Sam, Jenna and Martin are doing a great job, and we believe the Health Commons work will have a direct effect on the ED visits. ○ Gap to Goal (GTG) represents a 10% improvement between the baseline performance and benchmark performance. The absolute benchmark for GTG metrics are set at the national 90th percentile for Medicaid as calculated annually by NCQA Quality Compass. The expectation for earning full achievement value credit will be equivalent to closing the gap between reference baseline year results and absolute benchmark value by 10%, relative to the size of the gap. ○ Every hospital in the State has been all-in for reducing ED visits. This is a concern everywhere.
<p>GCACH Committees (Lauren Johnson):</p>	<ul style="list-style-type: none"> • At the previous Board meeting, there was a request for a document showing all the GCACH Board & Leadership Council Committees and their functions, and this document was created in response. • Currently, there’s a need for more members for the Budget and Funds Flow Committee. • For the Workforce Committee, Dan Ferguson recently did a training for the LHINs leaders. • Lauren also looked at the provider engagement and PCMH funding geographically across the region. She found that we are reaching all of the areas of our service region.
<p>GCACH 2019 Timeline (Wes Luckey, Carol Moser):</p>	<ul style="list-style-type: none"> • Wes put the 2019 GCACH activities into a project workstream document, which the Board reviewed together. • The next anticipated influx of DSRIP funding will be between May and June.
<p>Premera Letter (Sustainability Discussion Continued) (Carol Moser, Rubén Peralta):</p>	<ul style="list-style-type: none"> • This discussion was about sustainability. • The letter the Board reviewed was written by Premera Executive Vice President Kitti Cramer, writing to update GCACH about Premera’s plans to make significant investments in rural communities in Washington. • Premera has narrowed their potential investments into the following four areas: <ul style="list-style-type: none"> ○ Physician and nurse recruitment and training, ○ Clinical integration of behavioral health, ○ Provider to provider consultations, and ○ Crisis stabilization infrastructure. • Staff brought the letter to the Board to seek guidance from Board members on how to proceed with the opportunity. • The Board recommended taking a collaborative approach on behalf of rural needs, keeping in mind that needs may be different in rural areas than in urban areas and that not all programs are scalable or transferable. • The leveraging comes from using the funding we’ve already sent out to our partners. We’re interested in using the Community Health Funds. • The Health Commons funds is teed up beautifully to work with Premera. • There are many definitions of “rural.”

	<ul style="list-style-type: none"> The work will depend on the details in the RFP. Rubén mentioned that several communities asked how cumbersome this process will be since they don't have resources for a grant writer. 	
Yakama Nation as Separate LHIN (Carol Moser):	<ul style="list-style-type: none"> This discussion was about whether or not the Yakama Nation, who are already partners with GCACH, should be a part of an existing LHIN or have their own. How do we allocate scholarship funding for the Yakama Nation if they want to take advantage of trainings? The Yakama Nation shows strong interest in becoming their own LHIN to share information and resources as the other LHINs do. The LHINs all work under a contract, so it's not free money. There are performance measures. In return, we're trying to help them become their own mini ACH. Tonya Kreis, the Yakama Nation Representative to GCACH, said that the funds will be helpful. Currently funding comes from Medicaid and a 638 grant. They lack the funding to travel for training. There are a lot of grants in the Behavioral Health program. As far as this support, she thinks this will be worthwhile. They have a housing authority and there is a huge homeless issue. This winter, they opened the Armory to shelter individuals from the cold. They put up homes in the RV area. The money would help them reach out to their population more. It takes a contract to become a LHIN. GCACH doesn't have the funding allocated in this year's budget, so the money would probably come from the design funding. Would be appropriate to help with IT support for Yakama Nation. 	<ul style="list-style-type: none"> Motion by Sandra Suarez to approve that GCACH staff begin an exploratory process to find funds to establish a Yakama Nation Local Health Improvement Network (LHIN), separate from the Yakima County Health Care Coalition (YCHCC) LHIN, and contingent on the approval of Yakama Nation elders. Seconded by Carrie Green. Motion passed.
CCHE Survey Results (Carol Moser):	<ul style="list-style-type: none"> This agenda item was moved to next month's meeting. 	
WIN211 Update (Wes Luckey, Lauren Johnson):	<ul style="list-style-type: none"> This agenda item was moved to next month's meeting. 	
ADJOURNMENT		
Adjournment:	<ul style="list-style-type: none"> Meeting adjourned at 2:55 p.m. Minutes taken by Aisling Fernandez. 	<ul style="list-style-type: none"> Motion by Sandra Suarez to adjourn the meeting. Seconded by Dan Ferguson. Motion passed.
<i>Thank you for your time and engagement with Greater Columbia Accountable Community of Health!</i>		

**The 2019 Board meetings listed below will be in the Tri-Cities Community Health Board Room,
at 800 W. Court St. Pasco, WA 99301, from 12:30-3:00 p.m. on the following dates:**

Thursday, March 21st Thursday, April 18th Thursday, May 16th **June Meeting Cancelled** Thursday, July 18th Thursday, August
15th Thursday, September 19th Thursday, October 17th Thursday, November 21st Thursday, December 19th