Greater Columbia Accountable Community of Health

Board of Directors

Thursday, May 19th, 2016
12-2:30 PM Meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Board Members Present	Rhonda Hauff, Madelyn Carlson, Lori Brown, Brian Gibbons, Martha Lanman, Darlene Darnell, Ed Thornbrugh	
Backbone Support	Carol Moser, Aisling Fernandez, Patrick Jones, Julie LaPierre	
Guests	Lena Nachand, Caitlin Safford, Jorge Rivera	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Martin is out of town • Rhonda is facilitating/hosting today. Everyone is familiar with each other so there were no introductions	•
Strategic Issues Committee (SIC) Report Out	• Deb walked the Board through the SIC report over the phone • She shared who is on the SIC and shared that it is a cross-county, cross-sector, cross-priority committee. • Pg. 3 of Deb's presentation/document lists the underlying themes that the LC reviewed in April • Deb reviewed the methods she used for each Strategic Issues Committee conference call, which included discussion followed by survey results, and then the discussion at the next meeting to review the results of that survey. • Carol & Sue Jetter attended a rural development conference in Rockville, MD and learned about a method (ORID: Objective, Reflective, Interpretive, Decisional) that Carol has been using to guide SIC discussions. It's a facilitation method, it's evidence-based. Engages a person to start think objectively, then reflectively, then give interpretations, then decisions. At every step of the way, you get consensus. This approach lines up with the steps of how the brain processes information. The ORID method has been a great tool for the SIC meetings. • As of May 19th, the committee has identified 3 strategic issues, 4 goals and 9 strategies. • In many cases, underlying themes can double as a strategy.	•

	• Deb reported out for the SIC very quickly and in a very linear process. Actually, at each step, the SIC looped back and revisited their decisions that surfaced from the survey results. They looked at goals and compared them to strategic issues to make sure they were in alignment and tweaked if needed. Deb said that in this careful iterative process where they went back to change wording, they didn't lose the intent of the original statements (strategic issues, goals, strategies), but instead clarified the language.
	• Deb shared the LC's feedback about the SIC work that morning:
	  ○ There was concern that Health Information Exchange (HIE) is not there
	  ○ Concern there are no strategies supporting young children
	  ○ Strategies are very heavy on Health Care (HC) integration and less around community-based strategies
	  ○ Improving access does not necessarily lead to reducing cost
	  ○ Reduction in cost/return on investment/fiscally responsible/cost sensitivity/cost awareness
	  ○ Data-informed
	  ○ Balance between short- and long-term
	  ○ Prevention
	  ○ Culturally competent
	  ○ Cross-sector is a guiding principle, eliminate as strategic issue
	• Board members' comments on SIC's work:
	  ○ Where is transportation?
	  ▪ Deb replied that transportation is not a strategy by itself. One of our priorities is access to services. When we circle back and review these strategies in the SIC meeting May 26th & talk about the portfolio, we'll definitely be talking about transportation.
	  ▪ Note that *access* in SE WA sometimes means going to Seattle.
	  ▪ Lori: There are huge gaps in service. She had a patient experience this week where this patient was transferred from being assessed to Long-Term Services & Supports (LTSS). There's a disconnect between court systems,	

	attorneys and our systems. We should address these gaps our strategies, especially for behavioral health (BH) clients that often end up in jail when they should be in treatment. We're in our infancy in SE WA with drug courts and MH courts, but they are starting those up. ▪ Rhonda: is this set of strategies too health care focused? • Brian- We can have a big impact directly (a short-term win) and long-term impact others on the periphery ▪ Darlene- Strategies are not specific. There's a balance between social services and early education. She cited McCleary v. State. We are going to have to be very specific with definitions as we go forward. ▪ The Board had no issues with the direction of the RHIP. They thought the committee was doing a tremendous amount of work and liked the MAPP model that is driving the process. • Deb finished the SIC report by saying that these have been very full meetings using the full 2 hours of time. She said thank you to the committee members who were in the room. She said that the SIC pushed through a lot of material and will try to do the same in the next month to meet the HCA's deadline for RHIP.	
Action: Approval of Minutes	• April 21, 2016 GCACH Board minutes approved.	• Motion made by Madelyn. Seconded by Martha. Approved. No abstentions, no corrections.
Leadership Council Report (Patrick)	• Not necessary because it is the same as the information from Deb on the SIC report out and discussion during the LC meeting.	•

Director's Report (Carol Moser)	• Peer Cohort Learning: Carol and other ACH leaders have participated in a weekly structured leadership program. They had homework and conference calls every week. Together they developed leadership skills such as better management techniques, planning, learning more about the community, how to build diverse partnerships, and "disruptive learning." There were 5 Big Steps they had to master: "eye on the prize," "know the landscape," "know my community," "build diverse partnerships," and "disrupt, transform and learn."
	• Communications & Outreach:
	  ○ Carol expressed that she felt grateful to John Sinclair who encouraged us to get the GCACH overview sheet ready. This handout was helpful at meetings that Carol and Aisling attended.
	  ○ Carol attended the joint meeting of the South Central and Southeast WA Hospital Councils. There was wonderful turnout at the hospital council meeting, with participants including South Central Council President Paul Nurick, and SE Council President Monty Knittel, Russ Meyers, Glen Marshal, Lane Savitch, Steve Burdick, Diane Patterson, and others. Carol asked the hospital council for a representative to the Transformation Project Advisory Committee (TPAC) to oversee the transformation project selection process. The council designated Shawnie Haas, Executive Director of SignalHealth, as their liaison.
	  ○ Aisling reported that she attended the LeadingAge WA meeting in Yakima and had a great conversation, sharing information about the day-to-day work of the GCACH and learning about the overlap in work and goals between Initiatives I and II (how we can support their work and vice versa).
	• Framework Survey: The HCA has a survey for everyone to take by Friday, May 25th. Aisling will be sending it out to all members. The survey will help inform the HCA about the work we're doing. The following are links to the 3 Waiver initiatives:
	Initiative 1: Transformation Projects
	Initiative 2: Long-Term Services and Supports
	Initiative 3: Supportive Housing and Supported Employment
		•

	• The LC talked earlier in the morning about the need to understand all the initiatives so that as we move forward with the waiver and the RHIP, we don't have to reinvent the wheel. We can leverage what they're doing in their initiatives.
	• HCA Submits Request to Supplement ACH Funds by $50,000: (Lena Nachand reported)
	  ○ Fairly sure we'll get funding from CMMI, which comes with specific guidelines and must be used on a project. There will be a template we must fill out to be accountable to the money, but we'll really appreciate the funds to implement a project.
	  ○ We received half of the grant we applied for through the YVCF. Suzy Diaz talked about this outcome in the LC meeting. We were one of 6 awards. We don't have a specific project yet so that's why they didn't give us the full funding. We have 10 counties and the funds will be well-utilized.
	• Tribal Consultation Meeting on ACHs.
	  ○ Carol attended this meeting on May 11th. She had the chance to talk with Katherine Saluskin (Yakama Indian Nation) and Jessie Dean (HCA).
	• HRSA Grant Update: Sue & Carol attended the Rural Health Network Development Planning Program meeting in Rockville, MD. A key take-home was that networks are key. This is magic when you realized you can be more effective when you incorporate an aspect of someone else's program. There were people there who were doing network development across the US. One person was from Lake Tahoe. Even though Tahoe is an affluent community, it's only an affluent community during peaks seasons. They had trouble during the off-season, so they brought the BH providers together. They started identifying and filling in the gaps by creating an atmosphere of friendly competition. Providers started sharing resources. No additional resources were needed; the services themselves have been stepping up to the plate. This shows the possibilities for the GCACH (cross-sector, cross-county, cross-priority) network!
	  ○ Communication is key. We need to develop a community engagement plan.	

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Review/Adopt Guiding Principles	• The Board reviewed the 1st draft of Guiding Principles listed in Deb's presentation & had a discussion:
	  ○ Rhonda: as we get closer to decision making about projects and funding. should we have something in our principles about how we make decisions? Should we write something or find something?
	  ▪ There was some discussion on how the Leadership Council would make its recommendation to the Board next month. We looked to the Bylaws for guidance, and the Board thought that it was very clear that the LC makes the recommendations, but the Board had final say, so that concern was addressed.
	  ○ Other proposed guiding principles:
	  ▪ Cost could be a guiding principle (could also be called: ROI, fiscal responsibility, cost sensitivity, cost awareness)
	  ▪ Be data-informed
	  ▪ Look at short- and long-term
	  ▪ Preventive
	  ▪ Culturally-competent
	  ○ The SIC didn't prioritize strategies for the Strategic Issue of "improve well-being by partnering with health care and other sectors to invest in innovative health policies." So do we keep this as a SI or does it become a guiding principle?
	  ○ They felt that the guiding principles were very vague, but realized that the objectives will help clarify the intent and add value to the guiding principles.
		• No motion

MCO & Business Sector Representation (Alegría & Company P.S.	• Alegría provided a document (to be approved by the Board, that outlines the recommendations, recommendations of management, fees, etc.) as well as a schedule of agreed-upon procedures to be used to look at GCACH account (separately from the BFCHA account) rather than an audit. • Will specify a number of vouchers through NW CPA	• Motion by Ed, Second by Madelyn. All in favor said aye. No abstentions.

Certified Public Accountants)	• Carol said that because it was so close to the time to making the decision, she wanted to make sure that the board is comfortable or to see if the Board has questions with the documents from Alegría. • Brian: This document and the procedures are appropriate, consistent, and follow the right change of steps. Looks similar to an audit.	Motion of approved.
ACHs & Financial Management Under the Medicaid Transformation Waiver Discussion	• The Board had a discussion about financial management of the funds for the proposed Medicaid Transformation Waiver. ACHs have expressed concern regarding readiness and capacity. This analysis gives a recommendation (to be approved by the Board) for an option where the HCA would contract with a single vendor as a "financial executor" so that there is less burden on the ACHs. ○ DSRIPs are being used to fund waiver projects. ○ The document lays 3 options for the fulfillment of the financial management requirements. ○ Wouldn't that increase the liability of the ACH to be responsible for administering the funds? ○ What does this require of the ACHs? ○ Does it change the business of the ACHs? ○ Why not work with and build upon an organization that has a network in place, with an extensive history of financial management, that has developed competencies to work with hospitals, clinics, etc.? You already have systems in place. ○ Lena- this money in particular isn't service or claims dollars. Money goes to systems transformation work. It's about changing the system. This is why the multi-sector system is important. Change the BH system in a community beyond clinical walls. ○ Caitlin- The delivery model could change. The cost model could change. Not sure if the reimbursement model would change- that's CMS. ○ Lena- Value-based road map. Try to coordinate moving pieces.	• Motion by John. Seconded by Madelyn. No abstentions. Motion approved.

	○ Brian Gibbons said that he thought the changes in the healthy delivery system had a better opportunity to make a difference short term. Showing a difference in health outcomes is a lot harder when making improvements to the housing system, for example. He has finally figured out what "it" is that we are trying to do. He defined "it" as something "different" than we are doing now. What we are doing now isn't working, so we have to find something different to do to change the system. ○ Lori- seems premature to put that responsibility on the ACHs. ○ What about the option to contract state-wide? That takes away big chunk of the administrative layer. ○ RSN has a contract with DSHS for claims ○ More about development of the system than about claims ○ A phrase that used to be commonly used was "partner in purchasing." What would that look like for ACHs to be a partner in purchasing? The MCO contract is amended every quarter. ○ Also correct that this ACH work is aimed at the population health, and is not about direct services. We haven't talked about ACHs moving to being risk-bearing like MCOs. We do want to talk about the population broader than Medicaid lives. The Medicaid waiver complicates that because it's tied to Medicaid populations. Clinics and sites that serve Medicaid populations also serve others. ○ The Commonwealth Fund just finished year 1 of implementation. Really helpful to read up on this. Really clear differences between us and NY (they are very hospital focused). Provides good insight into how everything functions once this is up and running. PPSs. Funding structures for those entities.	
Signatures	• The Conflict of Interest Policy & Bylaws were passed around to gather signatures from the Board members.	•

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501(c)3 Discussion	• Postponed until July. The June meeting will include a presentation from Mark Provence from HCA about the Medicaid Waiver	•
Adjournment	• The Board of Directors meeting was adjourned around 2:15 PM.	•

2016 Meeting Schedule	The GCACH Leadership Council meets the Third Thursday of the month.
	• Location: Greater Columbia Behavioral Health, 101 N Edison St, Kennewick
	• Time: Leadership Council: 9-11:30
	• Dates:
	  ○ Thursday, June 16th, 2016
	  ○ Thursday, July 21st, 2016
	  ○ Thursday, August 18th, 2016
	  ○ Thursday, September 15th, 2016
	  ○ Thursday, October 20th, 2016
	  ○ Thursday, November 17th, 2016
	  ○ Thursday, December 15th, 2016
	Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!	