



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

Board of Directors

Meeting Minutes

August 16, 2018 | 12:30 pm – 3:00 pm

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

ATTENDANCE

Board Members (* denotes they called in):	Rhonda Hauff, Madelyn Carlson, Ronni Batchelor, Sandra Suarez, Darlene Darnell, Ed Thornbrugh*, Caitlin Safford*, Ruben Alvarado*, Carrie Green*, Les Stahlnecker, Meghan DeBolt, Julie Petersen (Voted in at this meeting)	
Guests (* denotes they called in):	Samantha Frederick, Courtney Ward, Jorge Rivera, Jim Barth (Barth Clinic), Martin Valadez (former Board President, nonvoting), Jac Davies, Danika Gwinn, Barbara Mead, Kat Latet	
Staff (* denotes they called in):	Carol Moser, Wes Luckey, Becky Kolln, Aisling Fernandez, Rubén Peralta, Lauren Johnson, Sam Werdel, Diane Halo, Jenna Shelton, Martin Sánchez, Patrick Jones	
Welcome & Introductions:	<ul style="list-style-type: none"> • Rhonda Hauff, GCACH Board President, facilitated the meeting. • Quorum was met with a total of 11 members present for voting to start the meeting, 12 once Julie Petersen was voted in. • The Board reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval. <ul style="list-style-type: none"> ○ Sandra Suarez stated that due to a conflict of interest regarding the Mid-Adopter funding for Behavioral Health agencies, she would abstain from voting on those action items. 	
MINUTES & REPORTS		Action Items
Consent Calendar	<ul style="list-style-type: none"> • 7/19/18 Board Meeting Minutes (a conference call meeting). 	<ul style="list-style-type: none"> • Motion by Madelyn Carlson to approve the consent agenda. Seconded by Sandra Suarez. Motion passed.

GCACH Report & Updates (GCACH Staff)	<ul style="list-style-type: none"> Staff gave the GCACH Report. 	
ACTION ITEMS		
Year-to-Date (YTD) & August Financial Reports (Becky Kolln)	<ul style="list-style-type: none"> Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Balance Sheet, the Budget vs. Actuals 2018, and the June/July 2018 Statement of Activity. Notable receivables for June & July: Yakima Valley Community Foundation grant of \$25,000 has been set aside for the Yakama Nation, the Fully-Integrated Managed Care (FIMC) revenue of \$60,000 pays for the new FIMC Project Manager position for Diane. Notable expenditures include: OHSU consulting fees of \$16,370.44, the three-year lease payments for a car for GCACH business travel in the amount of \$12,316.32, and new equipment and furnishings for two new offices in the amount of \$13,378.37. The Statement of Activity is for two months (June and July) since the July Board meeting was a conference call that did not included a financial report agenda item. These financials had been previously reviewed by Brian Gibbons, GCACH Treasurer, and recommended for approval. 	<ul style="list-style-type: none"> Motion by Meghan DeBolt to approve the YTD and August financial reports. Seconded by Sandra Suarez. Motion passed.
Approval of Julie Petersen as Hospital Sector Board Representative (Carol Moser)	<ul style="list-style-type: none"> GCACH's Hospital Sector representative, Jim Aberle, left the Board and left a mid-term vacancy. During the July 2018 meeting, the Board voted for the process (here and going forward) for filling a mid-term Board vacancy to be for GCACH staff to reconvene the sector so that the sector identifies and recommends a replacement. Staff reconvened the hospital sector and Julie Petersen, the CEO of Kittitas Valley Healthcare, was nominated unanimously by Russ Meyers, Brian Gibbons, Shane McGuire, Barbara Mead, and Scott Adams. The GCACH Nominating Committee unanimously affirmed the nomination for Julie Peterson. The GCACH Board discussed Julie's credentials and voted for her to join the Board. 	<ul style="list-style-type: none"> Motion by Sandra Suarez to approve Julie Petersen as the Hospital Sector Representative on the GCACH Board of Directors. Seconded by Madelyn Carlson. Motion passed.
Approval of Revised Budget and Funds Flow Charter (Carol Moser, Darlene Darnell)	<ul style="list-style-type: none"> The responsibilities of the Budget and Funds Flow Committee Charter needed revision because it was originally written in August 2017 before the committee existed. Since that time, the committee has been actualized, and the understanding of their responsibilities have increased. The committee recommended changing the duration of appointment to the committee as lasting for the duration of the Medicaid Demonstration. There was a decision for there to 	<ul style="list-style-type: none"> Meghan DeBolt moved to approve the Budget and Funds Flow Charter with the adjustments recommended by the Board. Ronni Batchelor

	<p>have a minimum of 7 of the members in attendance at a meeting for the meeting to occur (with a simple majority to pass a vote).</p> <ul style="list-style-type: none"> The Board approved the revised Budget and Funds Flow charter and made a few of their own recommended changes to the wording from the Board (remove the word “midterm” and to spell out acronyms at the first mention). 	<p>seconded. Motion passed.</p>
<p>Duplication of Funding Policy (Carol Moser)</p>	<ul style="list-style-type: none"> There is a potential for providers to receive duplicate payments from GCACH for the same infrastructure needs through two payment sources, integration incentives and incentive project funding. Without clear processes, it is possible that funding could be distributed to Behavioral Health organizations for the same purposes. The Board had a discussion and decided to motion to support the new policy, using the written recommendation in the document: “Staff is recommending that the Budget and Funds Flow develop a policy to preclude payment duplication for population health management and infrastructure funding.” 	<ul style="list-style-type: none"> Sandra Suarez motioned to approve the Duplication of Funding Policy. Meghan DeBolt seconded. Motion passed.
<p>Mid-Adopter Funding for Behavioral Health Agencies:</p> <p>1. Action Item: Funding Formula</p> <p>2. Action Item: Status of BH Providers Contract</p> <p>3. Updates: IMC BH Provider Tracker</p>	<ul style="list-style-type: none"> Summary of the Mid-Adopter Funding Discussion and Action Items: <ol style="list-style-type: none"> <u>Action Item: Funding Formula:</u> <ol style="list-style-type: none"> Danika Gwinn reviewed the recent changes to the contract and the funding formula based on the following four assumptions: <ol style="list-style-type: none"> Jim Barth gave testimony for the Barth organization, which is his family’s business. In short, his father started the business in 1972 and he joined in 2000. This is an outpatient clinic that has developed relationships with individuals, families, the Yakama Nation, provides reduced-cost services for Veterans, provides services for Medicaid-eligible people, are open on Saturdays, and works collaboratively with Astria, MCOs, the Integrative Crisis Center and other organizations around the state. Jim stated that Barth Clinic treats people with care and as individuals. According to Mr. Barth, the GC-BH-ASO changed his contract to a capitated arrangement without notice, causing great financial hardship to the clinic. Mr. Barth addressed the topic of not meeting deadlines for reporting and submission of data, however there were tight timelines without sufficient technical assistance (TA). These issues have been resolved. The Board had a Q&A with Mr. Barth. Topics included: <ul style="list-style-type: none"> The recommendation from the Isabel Jones at the Health Care Authority (HCA). 	<ul style="list-style-type: none"> Meghan DeBolt motioned to move forward with incentive funding for organizations that were contracted with the Greater Columbia Behavioral Health (GC-BH-ASO) organization at the time they passed the mid-adopter resolution in October 2017. Seconded by Carrie Greene. Sandra Suarez and Darlene Darnell abstained. Motion Passed. Madelyn Carlson motioned to approve the IMC contract with certain identified changes and to allow

	<ul style="list-style-type: none"> • Barth Clinic is close having contracts with all four MCOs (currently has 3 of 4, near to finishing contract with Molina) • The GCACH Board of Directors has the ultimate authority to determine provider payouts as determined through the Special Terms and Conditions of the Medicaid Waiver, (Attachment 1), and as clarified in a phone call between Isabel Jones (HCA), Chase Napier (HCA), Kali Klein (HCA), Ed Thornbrugh, (GCACH Board of Directors), and Carol Moser on 6/26/18. (Attachment 2). • Since the funds were earned in October 2017 while Barth was still under contract with the BH-ASO organization, and they are under contract with three of the MCOs, they would qualify for incentive funding. <p>iii. Ronni voted for the recommendation in the SBAR from GCACH Staff to, “The GCACH Board approves the funding formula that does not include Barth Clinic so that the contracts can be initiated with the other providers. Once GCACH has heard from all sides of the dispute, they can always vote to reinstate Barth’s incentive funding.” Madelyn seconded. There was a discussion:</p> <ul style="list-style-type: none"> • GCACH staff had to write a recommendation without all of the information. • Got a hold of Mr. Barth to invite him to speak about the situation. • GCACH may not be able to get more info from BHO unless an attorney could bring a copy of the contract. • The termination letter is a public record. • Concern about this small clinic being out of touch with the new BH environment and not able to keep up. • Jorge Rivera, Molina, said that from the perspective of MCOs, Barth will have a contract with Molina soon and therefore with all four MCOs soon. Jorge has been having IMC conversations for more than 3 years, and 3 years ago, someone said that he was worried about the impact on small organizations. “What does it take to take to keep the small provider organizations, such as Barth Clinic, going 	<p>staff to negotiate contracts individually. Ronni Batchelor seconded. Darlene Darnell and Sandra Suarez abstained.</p>
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	<p>from here to integration on January 1st? Probably better TA and more organizations supporting his work.”</p> <ul style="list-style-type: none"> • The deliverables are ones that are in the contract: doing the assessments the MEHAF, the billing toolkit, the transition plan, and planning out how they’ll spend the money. <p>iv. Ronni withdrew the motion to follow the GCACH staff recommendation.</p> <p>v. Meghan DeBolt made a new motion to move forward with incentive funding for organizations that were contracted at the time they passed the mid-adopter resolution in October 2017. Seconded by Carrie Greene. Sandra Suarez and Darlene Darnell abstained. Motion Passed.</p> <p>2. <u>Action Item: Status of BH Providers Contract</u></p> <p>i. Since the Board approval, the formula was revised to include the residential treatment facilities since they are part of the behavioral health system. The contract has been modified slightly to include four new provisions.</p> <p>ii. The providers agreed to these changes to the contract at the Provider Readiness meeting on August 8th.</p> <p>iii. The GCACH Board discussed changes some percentages in the contract during the 8/16/2018 meeting.</p> <p>iv. Madelyn Carlson motioned to approve the BHO contract with identified changes and to allow staff to negotiate contracts individually. Ronni Batchelor seconded. Darlene Darnell and Sandra Suarez abstained.</p> <p>3. <u>Updates</u>: Diane Halo shared updates that have been made to the Integrated Managed Care (IMC) Behavioral Health (BH) Provider Tracker, a spreadsheet that tracks the status of deliverables and appointments with partnering providers.</p>	
UPDATES		Action Items
<p>Semi-Annual Report (Carol Moser, Wes Luckey)</p>	<ul style="list-style-type: none"> • Carol thanked the Greater Columbia staff for their contributions to the completion of the first Semi-Annual Report (SAR) in July. The SAR covers ACH activities from January 1, 2018 to June 30, 2018. The primary component of the SAR is the analysis of the ACH’s Current State Assessment (CSA). <ul style="list-style-type: none"> 1. The highlights of the 2018 CSA included: <ul style="list-style-type: none"> ▪ The CSA was conducted in May of potential partnering provider organizations. 	

	<ul style="list-style-type: none"> ▪ 73% response rate from the 78 organizations that the CSA was sent to (those that previously submitted LOIs) ▪ The mail purpose of the CSA is to identify gaps, barriers and assets in existing services. ▪ Conclusions from the CSA: <ol style="list-style-type: none"> 1. Need clinical care management to prevent vulnerable patients from falling through the cracks. The high-needs, high-risk population is between 10,000 and 15,000. These comprise a broad spectrum of demographics, socioeconomic status, and types of needs. 2. Need formalized collaborations to support Practice Transformation and the Patient-Centered Medical Home (PCMH) (formalized through Memorandums of Understanding (MOUs)). Health IT is essential. For example, Ellensburg has already had success with Digital Health Commons. 3. Need workforce capabilities that supports PCMH, which includes training for team-based care and workers practicing at the top of their licenses. Create career pathways linked to teaching institutions. Both the INTERACT and BOOST tools can help with readmissions, but are not used enough. 4. PCMH is the right strategy to achieve the quadruple aim (which includes provider satisfaction as the fourth aim) and to be successful under the Transformation Project. This was affirmed by the presentation by Mike Hindmarsh, titled “The Chronic Care Model and the Patient-Centered Medical Home: Complimentary Strategies for Transforming Care” during the Leadership Council meeting (on the same day, August 16, 2018). GCACH has a lofty goal to achieve successful implementation of PCMH across 95% in partnering provider organizations. A more comprehensive and coordinated approach to change management within the primary care practice is foundational to the success of the Demonstration. Not just for FQHCs, but also for primary care within a BH agency. PCMH can support enhanced Medicaid reimbursement and is needed for success in the Value Based Purchasing (VBP) marketplace. 	
<p>Practice Transformation Kick-Off Meeting (Sam Werdel, Carol Moser)</p>	<ul style="list-style-type: none"> • Twenty-three provider organizations have been chosen to partner with GCACH for practice transformation, and there are many supporting roles and organizations as well. Other ACHs have had kick-off meetings and staff proposes a special event. • GCACH staff did some preliminary research to find that an event at Terra Blanca would cost \$37 per person, which is comparable to Walter Clore. They are hoping for a keynote speaker and a panel of experts. • The Board discussed whether or not it would be one or two events and how many organizations (and how many people from each organization) should be invited. 	<ul style="list-style-type: none"> • Madelyn Carlson motioned to give authority to the GCACH Executive Director to spend over \$5000 (and up to \$10,000) for the kick-off event for 2018 partnering providers. Ronni Batchelor seconded.

	<ul style="list-style-type: none"> The conclusion was that there would be one kick-off event where each of the 23 partnering provider organizations would be invited (these organizations decide for themselves which person/people they will send). 	
October 24-25 Symposium, SeaTac, WA (Carol Moser)	<ul style="list-style-type: none"> Carol discussed the opportunity for GCACH to send up to 20 members of our organization to the October 24-25 symposium on health equity in SeaTac, WA. 	
Amicas Brief for DHAT (Carol Moser)	<ul style="list-style-type: none"> The NW Portland Indian Health Board is filing a brief to get DHAT allowed on tribal reservations and asked if the Board wanted to file as a friend to support this. The Board asked for more information before deciding. 	
Digital Health Commons (Carol Moser)	<ul style="list-style-type: none"> Carol discussed the opportunity to be in a joint contract with Digital Health Commons, a cloud-based server where info is stored online. The more organizations go in together, the less it costs each organization. It would be a \$50,000 contract to start working with other organizations. Olympic Community of Health (OCH), Puget Sound Fire (already paying into it), and GCACH would work together. The Board asked for more information before deciding. 	
GCACH Marketing Materials (Lauren Johnson)	<ul style="list-style-type: none"> Lauren Johnson requested that any Board members whose picture is not on gcach.org, please send her a photo to complete the website and other marketing materials. 	
ADJOURNMENT		
Adjournment	<ul style="list-style-type: none"> Meeting adjourned at 3:10 p.m. Minutes taken by Aisling G. Fernandez. 	
<p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health! The Board meetings will be (from 12:30-3:00 p.m. at Tri-Cities Community Health (TCCH), 800 W Court Street, Board Room) on the following dates:</p> <ul style="list-style-type: none"> Thursday, September 20, 2018 Thursday, October 18, 2018 Thursday, November 15, 2018 Thursday, December 20, 2018 		