GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Leadership Council Meeting Minutes

Thursday, January 16, 2020 | 9:00 AM to 11:30 AM

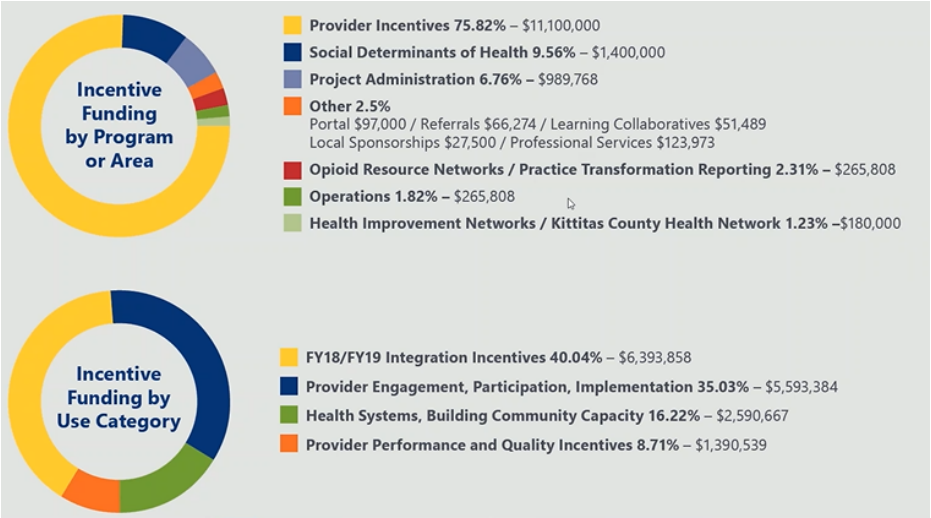
United Way of Benton & Franklin Counties | 401 N Young St, Kennewick WA 99336

Board Member: Italicized
Name*: Called-in

ATTENDANCE			
GCACH Leadership Council Attendees	Amelia Davis*	Donna Albaitero*	Marcia*
	Barbara Mead	*Eric Nilson*	Matthew Kuempel *
	Ben Sheerer	H. Tinton	Michele Crowley
	Bertha Lopez*	Hayley Middleton	Minnie Smith*
	Bob Gear	Jac Davies*	Nicole Austin
	Cary Cole	Jocelyn Pedrosa*	Penny Bell*
	Cheri Snowhite*	Joel Chavez	*Rhonda Hauff*
	Chris De Villeneuve*	John Christensen	Ronni Batchelor
	Christina Rodriguez	Joleen Carper*	*Sandra Suarez**
	Courtney Armstrong	*Kat Latet*	Sara Clark*
	Dana Oatis	Kelly Sanders*	Shelley*
	Deb Watson*	*Kendra Palomarez*	Viktoriya Broyan*
	Deborah Ramirez-Orozco*	Laurel Avila	Virginia Janin*
	Diane Campos*	Lisa Hefner*	
GCACH Staff	Becky Kolln	Jenna Shelton	Ruben Peralta
	Carol Moser	Lauren Noble	Sam Werdel*
	Chelsea Chapman	Martin Sanchez	Wes Luckey
	Diane Halo	Rachael Guess*	

MEETING PRESENTATIONS & REPORTS	
Welcome & Introductions (Wes Luckey)	Wes Luckey, Deputy Director of GCACH, welcomed the group and opened the meeting with welcome and introductions of the group. There were 41 individuals in attendance (either in-person or calling in). Find this meeting audio by visiting here: https://youtu.be/aWI6uGkg2nU.

Thank you for your engagement with GCACH!

Annual Report (Carol Moser)	Carol Moser, Executive Director of GCACH, reviewed the GCACH Annual Report for 2019. This report balances data, success stories, and highlights that puts it together in an interesting and informing format. There is a lot of great information on incentives, which demonstrates the great work from our providers reaching their milestones. ncentives are broken across various categories including Provider Incentives, Social Determinants of Health (SDOH), Opioid Resource Networks (ORN), Local Health Improvement Networks (LHINs), as well as Project Administration, Operations, and Other (e.g. Learning Collaboratives, sponsorships, etc.). See snapshot below. We will continue to report on these measures as this is indicative of our performance and success.  Other great insights in the GCACH Annual report include: • Workforce with respect to GCACH's Behavioral Health Internship and Training Fund Program • Practice Transformation distributions and sites • Integrated Managed Care Incentive funding and integration types • Social Determinants of Health with respect to our Community Resilience Campaign. (for more information visit buildingresiliencewa.org), Permanent Supportive Housing, LHIN Funding, and the Community Health Fund • Pay-for-Performance (P4P) Measures

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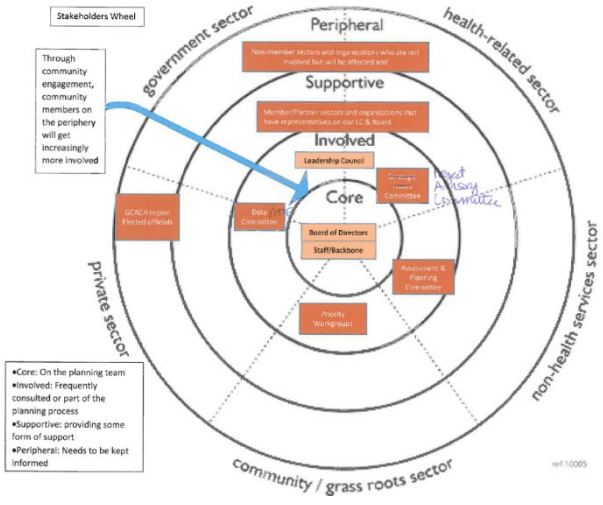
	Find the GCACH Annual Report on our website (gcach.org) or by visiting this link: https://gcach.org/apps/website_resources/record/d7b7b36a2b2fd3a8ef74aa30641f130f/gcachannualreportfinalweb.pdf.
Leadership Council Charter (Carol Moser)	Carol Moser, Executive Director of GCACH, reviewed the Leadership Council excerpt from the GCACH bylaws. With the new year, GCACH wanted to provide a reminder of the roles and responsibilities of this group and to help direct the energies of the Leadership Council meetings. The topics covered in these meetings help drive our work. In addition to the tasks assigned to the group by the board, the Leadership Council: • Develops a list of priority issues to be addressed by GCACH • Develops strategies to address priority issues • Monitors indicators of population health in regional service area • Monitors the performance of the regional healthcare delivery systems. We really depend on the Leadership Council to help populate our communities. For example, many of the individuals in this group are serving in other GCACH groups in some capacity. This model is emulated from a sustainability model. See image below. The outer ring is the community, the second ring is the committees, and the center/ inner circle is the board. With this approach, our Board of Directors are very well informed by the time they get to that point.  Reminder that this group comes together based on a common interest improving health. Thank you, Leadership Council!

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<table>
<tr><td></td><td>Find the GCACH Bylaws on our website (gcach.org) or by visiting this link: https://gcach.org/apps/website_resources/record/36fe698ac4cbb8e3be6ced1be8dfd60e/4revisedbylawspassed11818.pdf.</td></tr>
<tr><td>Leadership Council Topics for 2020 (Wes Luckey)</td><td>Wes Luckey, Deputy Director of GCACH, walked the group through the draft Leadership Council agenda topics for 2020. Additionally, GCACH provided a poll for the audience to submit their thoughts, feedback, ideas, etc.

Draft Leadership Council agenda for 2020:
<table>
<tr><td><u>Jan</u>
Trend Reports and KFD Program</td><td><u>Feb</u>
Opioids</td><td><u>Mar</u>
Health Equity</td><td><u>Apr</u>
State of Transitions of Care</td></tr>
<tr><td><u>May</u>
Oregon Experience (CCOs)</td><td><u>Jun</u>
Social Determinants of Health</td><td><u>Jul</u>
No Leadership Council Meeting</td><td><u>Aug</u>
Housing</td></tr>
<tr><td><u>Sep</u>
Value Based Payments</td><td><u>Oct</u>
LHINs and Community Health Fund</td><td><u>Nov</u>
Workforce</td><td><u>Dec</u>
No Leadership Council Meeting</td></tr>
</table>

Audience feedback included some of the following topics:
• Health Disparities/ Equity
• Opioids
• Social Determinates of Health
• Value Based Payments
• Workforce

Questions, comments, and/ or clarifications included:
• Suggestion to use topics discussed in the recently launched Mid-point Assessment webinar given by HCA to possibly inform the agenda.
• Praise on the data, but would like to see more data regarding current basis of progress/ major areas being worked on as a provider.

Find our GCACH meetings and events on our website (https://gcach.org/calendar/2020/02).</td></tr>
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Community Resilience Campaign (Ruben Peralta)	Ruben Peralta, Community Engagement Specialist, spoke to the Community Resilience Campaign (CRC) campaign in Yakima that launched earlier this week. The target audience for this campaign is those that work with the systems- childcare providers, school districts, etc. However, this campaign is launched to the general public. The focus is on NEAR Science and ACEs (how adversity can impact childhood development). There will be in-person trainings conduced in the area to help professionals learn more on how to navigate trauma and individuals with ACEs. This is a passionate campaign that is working to raise resilient children in our communities. Questions, comments, and/ or clarifications included: • Assurance that resources will be provided on the website and acknowledgement of WIN 211, a directory that GCACH is in the process of working with. Find the Community Resilience Campaign on our website (gcach.org) or by visiting this link: buildingresiliencewa.org.
Pay-for-Performance, Numbers Needed to Treat (NNT), Trend Report Presentation (Wes Luckey)	Wes spoke to the Pay-for-Performance (P4P) chart in the GCACH Annual Report. See image below. This data is sent to us from the Health Care Authority (HCA) and we're able to analyze it. Each dot represents four quarters (a moving average). The goal, represents what we hope to achieve. For example, the down arrow means we hope to have a decrease (e.g. homelessness, acute hospitalization). We believe if we are doing our job, we will see decreases. The green represents the opposite, for increasing (e.g. access to services, HETUS measures, etc.). It's important for us to understand where these numbers are going. These are the roll up the P4P measures and this table is to help inform the trends in the data.

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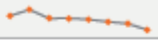
PAY-FOR-PERFORMANCE MEASURES TREND REPORT (Q1 2017 – Q4 2018)		
Measure Name	**Goal**	**Trend**
Antidepressant Medication Management	↑	
Asthma Medication Management 1	↑	
Asthma Medication Management 2	↑	
Child & Adolescent Visits to Primary Care	↑	
Diabetes Care: Blood Sugar Testing	↑	
Diabetes Care: Eye Exams	↑	
Diabetes Care: Kidney Check	↑	
ED Follow-up: Alcohol & Drug Dependence	↑	
ED Follow-up: Mental Illness	↑	
Emergency Department (ED) Visits	↓	
Heart Disease Medication Management	↑	
Hospital Follow-up: Mental Illness	↑	
Hospital Readmissions	↓	
Hospital Utilization	↓	
Mental Health Treatment Penetration	↑	
Patients Prescribed High-dose Opioids	↓	
Patients Prescribed Opioids & Sedatives	↓	
Percent Homeless	↓	
Substance Use Disorder Treatment Penetration	↑	
Substance Use Disorder Treatment Penetration (Opioids)	↑	

Further descriptions on Measure Name:

- Asthma medication relates to people who have asthma, what percentage were on the appropriate medication for at least 75% of the time.
- Diabetes, every year these individuals should have their blood sugar test, eye exams, and kidney checks.
- Emergency Department (ED) follow-up relates to 30-day and seven-day follow-up.
- Emergency Department (ED) visits covers all four project areas. It's really a priority and bellwether measure that affects our ability to provide good care.
- Heart disease is for those that have been prescribed a specific medication.
- Hospital Utilization is hospital stays per thousand.

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	• Mental health treatment penetration is to make sure there has been a visit within appropriate measurement period. Please reach out to Wes (wluckey@gcach.org) if you'd like a deeper look into any type of data. Questions, comments, and/ or clarifications included: • Clarification that each dot represents one quarter in a calendar year. The last dot represents the most current data, which represents Q4 of 2018. There is about a year delay in data, which is a challenge that is well known and GCACH is working to find avenues to address. • Comment that Asthma Medication Management 1 and 2 could be youth and adult. • Carol clarified that GCACH's response to some of these trends and the fact the P4P is increasing is in terms of the level of our incentive payments. The first year of the Medicaid transformation was in 2017. In 2018, we were responsible for P4P requirements. In 2019, we have now become subject to performance under these measures at the ACH level. In other words, 50% of funding was related to performance. Next year in 2021, 75% will be related to performance. No matter how well we are doing, the expectation is to see performance increases. Find this data section on the GCACH Annual Report on our website (gcach.org) or by visiting this link: https://gcach.org/apps/website_resources/record/d7b7b36a2b2fd3a8ef74aa30641f130f/gcachannualreportfinalweb.pdf.
Behavioral Health Internship and Training Fund Program (Lauren Noble)	Lauren Noble, Marketing Manager of GCACH, spoke to the Behavioral Health Internship and Training Fund Program launched this week. The Greater Columbia Region has a shortage of behavioral health professionals and clinical providers who are able to mentor, supervise, provide internships or train professionals seeking degrees, certifications, and/or training in behavioral health. Through the $490,000 Behavioral Health Internship and Training Fund, GCACH seeks to support its provider organizations who wish to add to the overall capacity of behavioral health personnel in our region. Applications are due by Friday, February 28th, 2020. The process will include our GCACH Workforce Committee to help filter applications.

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	Find the GCACH Behavioral Health Internship and Training Fund on our website (gcach.org) or by visiting this link: https://gcach.org/apps/website_resources/record/fd9b7728c3669e4a872f4d00a168f1c0/gcachbehavioralhealthinternshippreceptorshipsupportprogrampolicy.pdf.
GCACH Event Sponsorships (Lauren Noble)	Lauren Noble, Marketing Manager of GCACH, spoke to the funding available for event sponsorships. Some events we've sponsored include the Benton Franklin Recovery Run, National Night Out, and more. The applications are reviewed by the GCACH Communications Committee during their monthly meetings. If you have an event coming up soon, please apply! Questions, comments, and/ or clarifications included: • Agencies can apply for one than one event • Funding is available to anybody (i.e. does not have to be affiliated with GCACH as a partnering provider) • Requirements are outlined in the application • GCACH aims to be equitable with funding distribution (e.g. across different regions) Find the GCACH Event Sponsorship Application on our website (gcach.org) or by visiting this link: https://gcach.org/apps/website_newsDocuments/record/17824a93e3aae138c8c83502b5a41594/4gcachsponsorshipapplicationapril20191.pdf.
ImageTrend Pilot Project (Eric Nilson/ Cary Cole)	Eric Nilson of the Kennewick Fire Department (KFD) and GCACH Board Member spoke to the ImageTrend Pilot Community Paramedicine Program: KFD was approached by GCACH some time ago about putting together a study to evaluate what could the impact be of the community paramedic program on things like SDOH. Eric stated that it's about what we're learning and how we are applying what we are learning as we move along. It's quality of life without resources. Life is like a river with obstacles. This is what they see at EMS, they see people for short periods of time as they travel down the river of life. The problem for them is not the problem; there is something else under the water.

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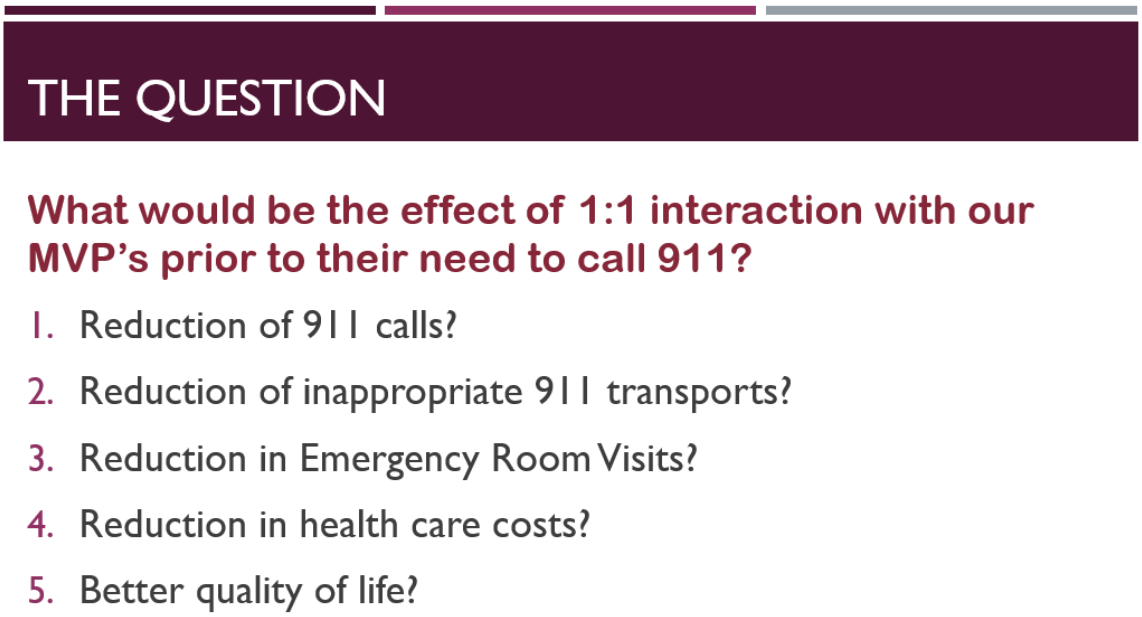
What is the problem? For them, they have all these people calling 911 multiple times. All total, 371 people account for 1,685 EMS contacts. They are referred to as MVPs (multi-visit patients). Clearly, there is a problem.

Their job in community paramedicine is to figure out why. Why are they MVPs? What could the effect of one on one interaction be prior to their need to call 911? Could we reduce 911 calls? Reduction of inappropriate (chronic) use of 911 transports? Reduction in ER visits? For example, an individual can be visited 26 times but only visit the ED once. Then there is vice versa. The disparity is hard to figure out.



Reduction in health care costs? Better quality of life? If you are calling 911 multiple times, there is a breakdown in your healthcare management somewhere.

If we can reduce these figures, it can obviously reduce healthcare costs. For the fire departments, they are under an ambulance utility. There is a tax for individuals, which only covers the availability that they can be there. Thus, funds are only recouped one time in the example of visiting someone 26 times.

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	The solution to better understand the reason why is through the Emergency Services Utilization Reduction Study (ESURS). KFD is currently three (3) months into the program. One of the big things that Cary Cole of KFD, has been working on is building relationships. Community paramedicine is 20% networking and 80% listening to patients. One challenge is when patients are not honest about their true health status (despite the fact that they trust us). There are just some things they might not be ready to talk about. That's why having Collective Medical—building a file upload that will allow us to go in and see patient health record across everything—will help them go deeper. Eric went through 3 case studies that yielded results that conversely increased emergency resources. But will continue with project as more obstacles and more information are being revealed as they go. These things are great, telephones are great, but until you can get out there and see these individuals in their living environment and see all the things they are challenged with, it is difficult to know what they truly facing. They are happy to do this work and want to do more of it. They hope their thesis is accurate, as they work with these individuals, they'll see a decrease in chronic use of emergency resources. Questions, comments, and/ or clarifications included: • On average, it costs about $2,000-3,000 per ambulance transport. This is from the station, to the bed, equipment, etc. Man power and infrastructure is the biggest cost. • Myth that people who don't have insurance or coverage tend to use the emergency room quite a bit. Not true. Once people get coverage from Medicaid, there utilization goes up since they put off their needed care for so long. Thus, access to care is an important issue. • In July of 2019, a law was passed in Washington state on treatment refer. KFD can refer to outside entities such as ALTC or refer within own organization if there is an established community paramedic. Cares type program. KFD meets the definition of a cares program, but they don't' call themselves that. Although the law has been passed, none of that structure exists. There is no ability to do that at the moment, but it does exist and it is there. As far as the work the paramedics do, there are efforts being made to try the different things out there (e.g. fee for service), but there is nothing set and stone to enable all EMS to do that in this time.

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	• The increase in resources seen in the first three (3) months of data is similarly seen with supportive housing. It takes a year to stabilize. Sometimes interventions yield more work at the beginning, but not necessarily a negative thing. • The core driver in improvement is Collective Medical. For KFD, it is the structure that enables them to collect and move data that they need to.
Closing Statements	Wes Luckey, Deputy Director of GCACH, asked the Leadership Council if anyone would like to make any general comments: • Appreciation of the tie back to the projects GCACH is working on with upcoming meeting topics. • Reference of the City Council around Pasco Haven and request for Pasco Fire Department (PFD) to speak. They are in favor. Where that building ends up going is not on their radar. The focus was on the land use and the sale of the land. The project itself is less of a concern. • No further comments were made.
ADJOURNMENT	
Adjournment	Meeting adjourned at 11:25am. Minutes taken by Chelsea Chapman.

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