GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Leadership Council Meeting Minutes

Thursday, May 20, 2021 | 9:00 AM to 11:30 AM

Teleconference

Italicized: GCACH Board Member
Bold: Speaker

WELCOME & INTRODUCTIONS	
Welcome & Introductions (Dr. Patrick Jones)	Dr. Patrick Jones of Eastern Washington University facilitated the meeting. There were approximately 105 attendees calling into the meeting. Meeting attendees volunteered and read through the land acknowledgement with respect to the region. **Land Acknowledgement**  *Tribes of Washington State* **We should take a moment to acknowledge the land on which Greater Columbia ACH residents live, work and play.** **It is the historic homelands of the 14 confederated tribes and bands of the Yakama people. The Yakama people remain committed stewards of this land, cherishing it and protecting it, as instructed by elders through generations. We are honored and grateful to be here today on their traditional lands. We give thanks to the legacy of the original people, their lives, and their descendants.**
DISCUSSION ITEMS	

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GCACH May Report

Local Philanthropies Receive $1.4 million from GCACH to address Social Determinants of Health: GCACH awarded a second round of funding to the following philanthropies in April 2021 to address the social determinants of health as determined by the LHINs. Each philanthropy will be conducting a grant process to allocate funding for the LHIN region with decisions made by the end of June.

LHIN and Philanthropy Organization	SDOH	Funding Provided
LHIN: Benton-Franklin Community Health Alliance **Philanthropy:** 3 Rivers Community Foundation	– Access to Care – Nutrition/Food Insecurity – Behavioral Health – Housing	$460,884
LHIN: Blue Mountain Regional Community Health Partnership **Philanthropy:** Blue Mountain Community Foundation	– Behavioral Health – Housing – Education	$122,527
LHIN: Kittitas County Health Network **Philanthropy:** Yakima Valley Community Foundation	– Food/Nutrition – Housing – Social Isolation – Behavioral Health	$90,910
LHIN: Southeast Washington Alliance for Health **Philanthropy:** Blue Mountain Community Foundation	– Overweight Youth – Youth Immunizations – Substance Abuse – Bullying – Access to Health Care	$114,657
LHIN: Whitman County Health Network **Philanthropy:** Pullman Regional Hospital Foundation	– Family Issues – Transportation	$80,313
LHIN: Yakima County Health Care Coalition **Philanthropy:** Yakima Valley Community Foundation	– Housing / Housing Insecurity – Employment – Education – Transportation – Emotional and Mental Health – Legal issues	$530,709

GCACH Receives good news about the Medicaid Transformation Project Demonstration Year 6: Earlier this month, the Accountable Communities of Health (ACHs) received clarity on the Medicaid Transformation Project (MTP) for 2022 (DY06). The 2021-2023 WA legislative biennial budget includes the following funding for MTP:

- Funds MTP through extension year (CY2022).
  - This includes $101,679,588 for Initiative 1 – DSRIP for DY06.
  - Initiative 2 (Long-Term Services and Supports including Medicaid Alternative Care and Tailored Supports for Older Adults) and Initiative 3 (Foundational Community Supports or FCS) were also fully funded for DY 06.

› 2021 supplemental budget includes the following adjustments to MTP:

- Increases DSRIP DY 04 incentive budget by $37,518,622.
  - $1,238,115 will be allocated to Indian Health Care Providers.
  - The adjustment increases the Semi-Annual Report (SAR) 6.0 incentive total for ACHs from $24,317,850 to $42,458,104. The SAR 6.0 payment is scheduled to be paid to ACHs in June 2021.
  - The adjustment increases the 2020 DY 04 project P4P incentive budget from $48,635,700 to $66,775,954.
- Initiative 3 FCS budget is adjusted based on updated cost models.
  - The 2021 Supplemental Budget above updates the SAR 6.0 incentive from $3,404,499 to $5,944,135. That's an additional $2,539,636! The good news was received on On May 4th, when the Independent Assessor, Myers and Stauffer, sent an updated approval letter with the new incentive amounts. There is no change on Value Based Payment (VBP) incentive payments

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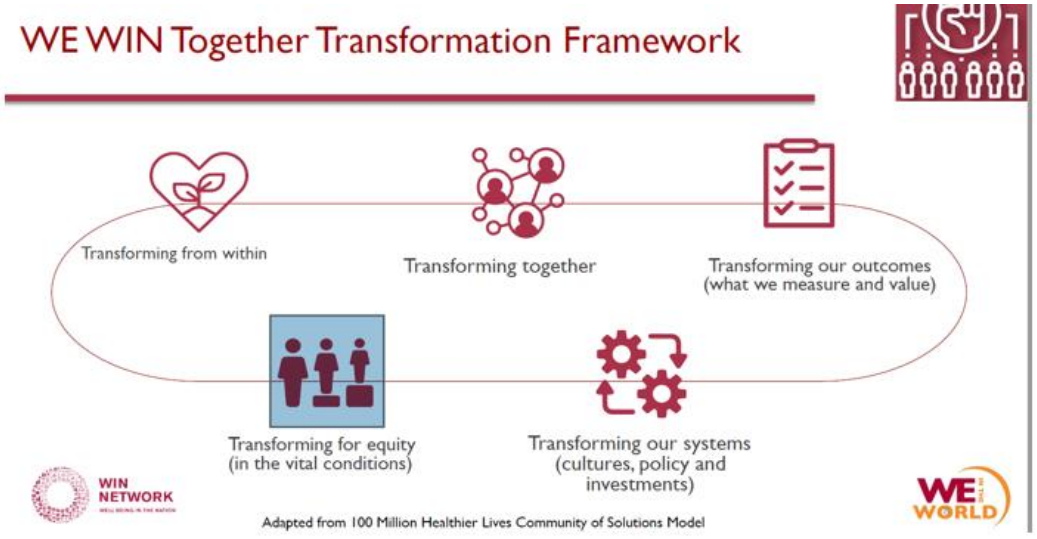
Diversity, Equity, and Inclusion: March GCACH Leadership Council meeting featured Hadley Morrow from Better Health Together (BHT) who discussed their organization's journey to Diversity, Equity and Inclusion. Hadley reported that BHT ~~that they~~ worked with multiple organizations to assess their level of equity using a scorecard that measured Organizational Commitment to Equity. This assessment included the following domains.

- Equity in Data
- Equity in Human Resources
- Equity in Program Design
- Personal Understanding of Equity

LC agreed that pursing a similar organizational assessment within the GCACH region would be beneficial and lead to baseline data to inform our equity journey.

Status and Next Steps:
Meet with Workforce Committee May 26th to review DEI plan
Meet with Naima Chambers-Smith to learn more about the Tri Cities DEI Committee



GCACH Begins Journey on Community-Based Care Coordination (CBCC) and Community Information Exchanges (CIE): Health Information Exchanges (HIEs) are systems that electronically transfer clinical or administrative information across diverse and often competing healthcare organizations. This process is facilitated by HIEs and CIEs, which are consequences of

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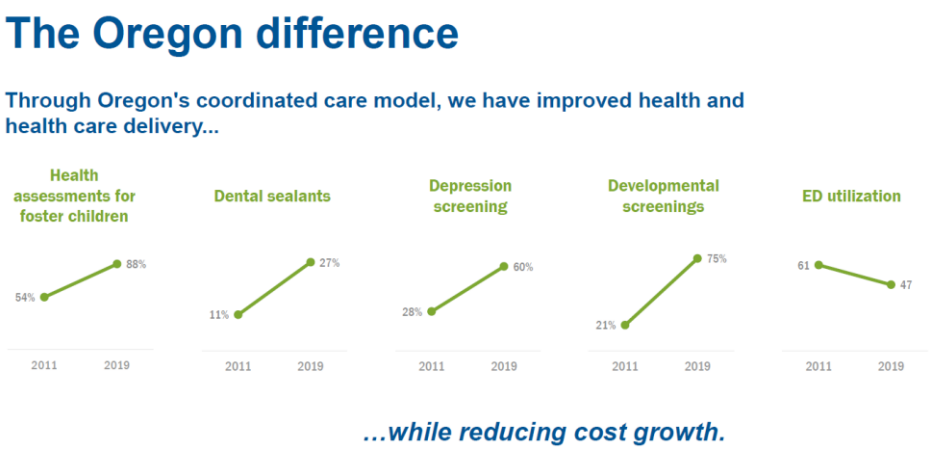
	CBCC and follow along its success. GCACH is looking at opportunities to partner~~ing~~ with other individual ACHs who may be farther along in their development of technological infrastructure. **Behavioral Health Internship Program:** GCACH Behavioral Health (BH) Internship program, has been extended until June 30, 2022 for 10 of our contracted organizations. Greater Columbia has started received final reports from participating organizations. The August Leadership Council meeting will feature report-outs from agencies who have completed internships.
Oregon's CCO Experience (Lori Coyner)	Lori Coyner, Medicaid Director for the Oregon Health Authority spoke about Oregon's Care Coordination Organizations. (CCOs). Oregon created Coordinated Care Organizations in 2012 for the purpose of transforming care by improving care delivery, reducing waste, lowering costs, improving care coordination, and creating local accountability. In January of 2017 Oregon's 2nd Medicaid Waiver was approved, and Oregon worked to move the CCO model forward as local accountability and care proved to be important factors for their success. 60% of practices enrolled in a patient centered primary care model. Oregon focused on integration of behavioral and dental health, health equity, use of community health workers and peer supports for their second Waiver. The next Waiver application is due in 2022, and Oregon is continuing their emphasis on creating equitable systems of care at the individual level, focusing on transitions from jail, foster care, and meeting social needs. They are also furthering progress on cost containment and reinvestment in communities. Oregon is targeting equity investments at the system level.  **Next up: 2022-2027 Waiver Application:** • Creating an equitable system of health • Further progress on cost containment • Access and coverage • Targeted equity investments at the system level

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	What have we learned? • Global budgets are the way to go • Need a culture of innovation • True health equity requires structural change

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Eastern Oregon CCO case study (Sean Jessup)	Sean walked through the case study and break down of the 2012-Senate Bill 1580. Oregon Health Authority created Coordinated Care Organizations in 2012 for the purpose of transforming care by improving care delivery, reducing waste, lowering costs, improving care coordination, and creating local accountability. A CCO is a network of all types of health care providers who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan- (Medicaid). -Integrate benefits that previously existed in silos • Physical Health • Behavioral Health • Dental Health • Non-Emergency Medical Transportation • Implement value-based payment models • Engage providers and members in the community • Achieve a 3.4% rate of growth target **Senate Bill 1580 – Key Components** • Created CCOs • Identified 7/1/12 as implementation date • Established Community Advisory Committees (CACs) composed of county leader, community, and provider reps to meet at least quarterly, to establish a Community Needs Assessment and Health Improvement Plan (CHIP) • Established governance structure to be composed of a majority of individuals at financial risk, at least one primary care provider, at least one behavioral health provider, at least two community members, and at least one member of the CAC

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EOCCO Delivery System

(Includes Oregon, Washington, and Idaho providers)

- 10 area hospitals
  - 7 of 10 are Type A (<50 beds, >30 mi) & Critical Access Hospitals
  - 5 of 10 belong to health districts
  - None are tertiary hospitals
- Primary Care providers
  - ~ 60 widely dispersed clinics, many are sole provider entities
  - 24 are Rural Health Clinics
  - 7 are Federally Qualified Health Centers
  - Over 95% of members are served by state-certified medical homes designated Tier 3 or above.
- Additional Providers
  - Specialty Medical Care
  - Behavioral Health
  - Dental Health
  - Non-emergent Medical Transportation

eocco

2021 Incentive Measures:
Claims Based Measures:
1. Child Immunization Status Combo 2*
2. ED Utilization for Members Experiencing Mental Illness*
3. Health Assessments for Children in DHS custody**
4. Immunizations for Adolescents**
5. Initiation and Engagement in Drug and Alcohol Treatment**
6. Oral Evaluation for Adults with Diabetes
7. Preventive Dental Visits Ages 1-14
8. Well-child Visits Ages 3-6**

Chart Review Measure

9. Timeliness of Postpartum Care
10. Meaningful Language

Access to Culturally Responsive Health Care Services

Clinical Quality Measures

11. Depression Screening and Follow-up*
12. Diabetes HbA1c Poor Control*
13. Cigarette Smoking Prevalence*
14. SBIRT*

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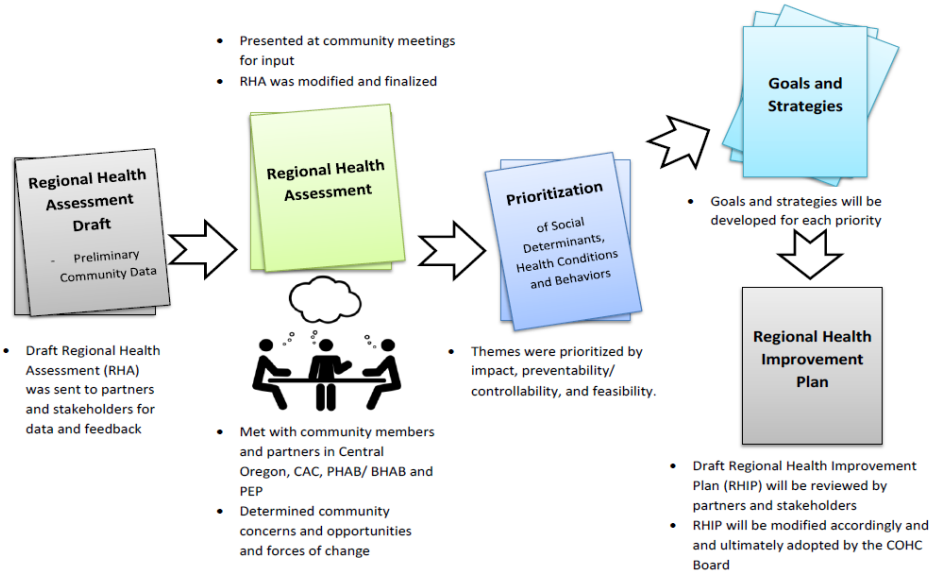
Central Oregon Health Council (Donna Mills)	Central Oregon Health Council partners with communities to guide and align vision, strategy, and activities across industries for a healthier Central Oregon. The mission is to serve as a highly effective community governance board for the region's coordinated Care Organizations (CCO); and align and influence agencies, caregivers, residents, and policy makers. The vision is to create a Healthier Central Oregon. Health Councils have legislative authority and their governing board are required to be risk-bearing agencies.

From the Regional Health Assessment to the Regional Health Improvement Plan



The Regional Health Assessment (RHA) drives the decision making for the Central Oregon Health Council. The RHA contains the most current data available on the region's health. The RHA covers demographics, frequency of disease, environmental factors, housing availability, and more. Six Priority Areas were identified through the Regional Health Assessment for Central Oregon residents

Quality Incentive Metrics are determined by the state to ensure equitable, quality delivery of health care to patients with Medicaid/OHP coverage. Incentives can be earned by clinics and hospitals if their care exceeds the state's standards.

There are over 160 workgroup volunteers participating from: Health Clinics & Hospitals, Community Members, Public & Behavioral Health, Oral, Housing, Education and Transportation.

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	How are Projects funded: • The workgroup decides how their metrics can best be addressed through structured problem solving. • The workgroup invites the region to submit projects that promise impact on the various metrics. • The workgroup reviews, scores, and votes on which projects will be funded.
Closing Discussion by Dr. Patrick Jones	Central Oregon has an IPA, and staff that come on behalf of the more rural clinics. There is a presentation per Donna of the convenings. The health council was able to load and take the metrics from their regional program and work closely with health care departments for the new dashboard. That way the wheel does not have to be recreated. Any agreement with the CCO and the Health Council? The governor's office asked for input to try and Pacific Source was very open to it BH is not part of the waiver, the focus of the waiver is not on Behavioral Health. However, it is on equity and have pieces of BH. Focusing more on transitions of care. Some states complex conditions where those members get access to housing support. Part of the reason is that a lot is going on in legislature. Many of those changes don't require a waiver authority. Any recommendations for WA, how can we learn from you? Donna mentioned that this is the beginning of a great relationship and that we can learn a lot from one another. Leverage learnings and share opportunities. Grant platforms and application platforms and will be in touch with Carol. Sean mentioned to engage the providers, public health, and community to go in the same direction. Everyone is needed. Lori stated that partnership with MCO's and HCA is vital. Hopefully there is an appetite for funding for the community investment. This has been a success in Donna's organization. Sean has recommended to have extra funding to carry over like the HCA.
ADJOURNMENT	
Adjournment	Meeting adjourned at 11:30 am. Minutes taken by Damia Safford. Find the meeting recording here: https://youtu.be/0D9-Il_cNJA

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