Greater Columbia Accountable Community of Health

Board of Directors

Thursday, June 16, 2016
12-2:30 PM Meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Board Members Present	Brian Gibbons, Kevin Bouchey, John Sinclair, Eddie Miles, Martin Valadez, Darlene Darnell, Martha Lanman, Andrea Tull	
Backbone Support	Carol Moser, Aisling Fernandez, Patrick Jones, Julie LaPierre, Deb Gauck	
Guests	Lena Nachand (HCA), Caitlin Safford (Amerigroup), Marc Provence (HCA), Jim Jackson (DSHS), Liz Whitaker (Kittitas Public Health)	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Martin welcomed everyone. There were introductions around the room.	•
Minutes	• May 19th minutes were not approved. There was a question about the definition of a quorum in our bylaws. We can vote for two sets of minutes next month.	•

Regional Health Improvement Plan (Deb Gauck)	• Deb led the Board through the most recent version of the Regional Health Improvement Plan (RHIP).
	• The RHIP document has a flowchart of strategic issues, goals and proposed strategies that resulted from the work of the Strategic Issues Committee (SIC). The three overarching Strategic Issues in the chart are:
	  ○ Foster cross-sector collaboration (no proposed strategies under this SI were prioritized)
	  ○ Develop healthier, more equitable communities (two proposed strategies)
	  ○ Strengthen the integration of health services and systems (7 proposed strategies)
	• Deb reviewed comments to the RHIP from the LC and the Board from May, which included, "Strategies are very heavy on health care sector," "Discussion as to whether the goals are too health system centric," and other comments.
	• The Gap Analysis on page 3 shows measures for each County compared to the State average.	

	○ There are 7 measures where are Counties had outcomes worse than the state: Access to Exercise Opportunities, Complete Streets, Children in Poverty, Median Household Income, Poor Academic Performance, Grade 7, Percent of All Students Tested, Dentists, and Mental Health Providers. These measures came from many different sources including the American Community Survey, BRFSS, Community Checkup, Community Commons, County Health Rankings, Healthy Youth Survey, Smart Growth America, and Washington School-Based Health Alliance. • Deb showed some tables with SurveyMonkey responses where the SIC committee voted to prioritize among the proposed strategies. Access to services, integrated physical and behavioral care, care coordination, and prevention were ranked the highest. These strategies also have the potential of involving the most number of sectors (pg. 13). • Page 15 includes a section on Community Engagement, which is encouraged at the State level by the Health Care Authority (HCA). In addition, we reviewed The Spectrum of Community Engagement from the Stanford Social Innovation Review which demonstrates a continuum of engagement from informing to empowering. • The Draft Regional Health Improvement Plan (RHIP) starts on page 15. ○ Deb highlighted some of the strategies in the RHIP: ▪ Healthcare Hotspotting is a model that came out of Camden, New Jersey. In Camden, they did geocoding and found there were a number of super-utilizers in two buildings. They addressed the social determinants of health contributing to their health problems. ▪ Clinic-based care coordination- a doctor gives a prescription for social determinants of health and a care coordinator helps with as many of those as possible. ▪ Oral health screenings and preventive services ○ As you read across the impact row on page 18, you'll see there 5 impact outcomes that correlate with the 5 priority workgroups! ○ SIC has tried to come back to the work of the priority workgroups repeatedly and make sure that is represented as we go through the process.	

	• The Logic Model on page 20 brings all of this information together: Inputs, Strategies, Outputs, Outcomes and Impact. • Finally, page 21 has the current Guiding Principles list and page 22 has the Tasks & Timeline table. • Eddie- I'm not sure how the RHIP fits with the ACH in regards to the activity of applying for and receiving funding. What's the point of having a RHIP? Does it help frame our work to apply for funding? (Deb says yes definitely.) Do they compete or complement each other? ○ Deb thinks they complement each other. Not only SIM grant, but also Medicaid waiver toolkit to make sure we're in alignment with that as well. Except we can't match our goal for a healthy environment. In terms of additional funding opportunities, speaking as a grant writer, this is a great document to present a comprehensive strategic plan. It's strong because we are in alignment with the State. We could have 2 funding sources for the same issues. Deb- the fact that we are as broad as we are means we could also look at funding through Ag, USDA, HUD, etc. It's wide open what we're eligible for. • Carol- We need clarity from the Board on how to proceed. We need to implement a project that is region-wide. We need to know "who's on first?" • John- Discuss going back to the groups. Ultimately there are 11 strategies here. It's difficult to do 11 and there has to be a winnowing process. Looking at the calendar and understanding that this is a 4-5-year window and we need to pick something we can have a level of success with. You want to have a big, hairy audacious goal to move the ball forward for our overall community of health. There are some things here that are 20 year goals. Get us to the vital few, if that's 3-4 four things or 3 things or 1 thing we do very well. Going from 11 to n (small, feasible number), we need to start that dialogue. • Martin- at what level should it take place? • John- The Board has a fiduciary responsibility that we can't abdicate. We should have the discussion here if we were to decide to give that back to the LC. The board discussed this outcome. It's a suggestion. Also thinks that we could have something that moves us further down the calendar. We are better served to get this solved in July.	

	• By July we need to approve the RHIP (there's no template for this) and a SIM project (has a template) with goal of project implementation by October. • Carol- We don't have to solve world poverty. We need to determine what can be an early win. What can give us a measure of early success to show that we can work collaboratively and capture the hearts and minds of the community? Additionally, if we can align the SIM project with the Medicaid waiver so the Waiver provides funding (in different phases) to support the SIM project. • Lena: We think there will be lots of projects and initiatives in the RHIP. The SIM will only fund one. Because of the nature of SIM, which is trying to demonstrate that the ACH is an effective model. Think about what SIM vs. waiver money can be used for. • Caitlin: SIM project is more of a chance to focus on something that is population health based while Waiver is more clinically organized. In Cascade Pacific, they're doing MH screening in schools and then the waiver would make sure they have the network in place. Most of the ACHs have SIM and waiver connected, but not all. • Brian- This is good and a little hard to wrap my head around. • Eddie- Based on the conversation the LC meeting, he thought those Priority workgroups would get together and react to the RHIP draft and Deb would edit based on the feedback and then bring that back the Board again. We should allow that process to continue and come back to the Board for a reaction. • Kevin Bouchey- That's when the prioritization winnowing would take place? • Martin- Timing wise that wouldn't work. • Eddie- If we wanted the Board to do that, this group would have to be up to speed. • Deb- If you want to entrust the SIC to not only winnow but also prioritize the SIM project, suggest that the group can meet an extra week. Likes Caitlin's idea of focusing on the social determinants of health for the SIM project. We could combine some of the strategies. For example, we could use Waiver money and SIM funding to increase access to physical activity opportunities in addition to health education. Need someone to implement and sustain walking groups or walking school buses. Much more effective way to engage the population.	The Board asked Deb to work with the Strategic Issues Committee to winnow down the 11 strategies to 3-4. Expectation is to work with Priority Work Groups and take their top project to SIC committee.

	• Carol- We got the grant from Yakima Community Foundation. We can also consider the sources of funding we have. It would be a shame not to use that money on SIM project. We have 3 criteria tools- N Sound, MAPP, and HCA. We could narrow down to 3 projects and bring to the Board so that the Board has ultimate authority. • Deb needs clarification from the Board- we currently have 11 strategies. The concept is that we have the overall strategy of community engagement because local groups will be implementing. The approach will be to take this plan to the local coalitions and we feel all of these strategies are applicable on a regional basis. Are there three of 11 that make sense in your local area? • Carol- asked Lena- Are we looking at a theme like access that could be applicable to all of the counties? That would require a lot more staff capacity. • Brian- The opposite is already true. If you go to Yakima and they say *naw*, we're good. Some counties might not think they want to work on that – like oral health. • Lena- we want to demonstrate why the ACH is valuable. Then what's the value of the ACH? What's the value of the region, the alignment, the cross-sector work? That's the role for the SIM project. • Martin- Is the Board comfortable giving the work back to the committees? Martin invited Board members to join the work of the SIC. At the next Board meeting we have to decide. • Kevin- That's the only practical way to approach it. Everything is about feasibility. Short-mid-long. • Carol – We have an extra Thursday in July. If we could move the LC and GB meetings to July 28th, that would give us an extra week for project prioritization. Julie LaPierre confirmed that GCBH was available. • Martin- There's a lot of other work we'll do too. Hopefully we'll find funding for other work too. Keep that in mind. Particularly for rural areas so we don't leave them behind.	Board agreed to move the next meeting to July 28th in order to allow more time for PWG to prioritize their top projects for consideration as the SIM project.
Waiver Presentation and Discussion	• Marc Provence- How do ACHs go about implementing an assessment tool, plan and implement and what kinds of metrics are needed? How are you going to know at the end if the project has been successful? As much as possible, ID the metrics up front- HCA expects this. Focus on evidence-based initiatives or initiatives based in promising practices. Need to pay attention to	•

(Mark Provence)	the evidence base going forward that we're going to invest in that approach. The HCA recognizes that some interventions focus on 20 years from now, but the menu of projects does focus on measurable outcomes within 5 years. Even for a 20-year payout activity, there may be enough evidence. If we're convinced that we're on the right track by the end of 5 years and once you're on this trajectory, you can have the 20-year impact you'd like to have. • How as an ACH would you go about going from project selection to project submission and implementation? In terms of project selection, what criteria do you use? What data are available to assist in the decision-making? This goes back to evidence base to support feasibility. Promise for achieving results. Who decides? • Payments made on the achievements of milestones. Make sure milestones are frequent enough, but not so frequent that we're just focusing only on metrics. We'll learn more about CMS' requirements for reporting. • The State's intent is to have a single financial executor. When we're called upon by the feds for an audit. The executor is not stepping into the role of the ACH- responding to our direction as an ACH. • Intent is to oversee projects that demonstrate that there is sustainability- essentially engrained well enough into the community so it continues. Partly by what kinds of savings are generated. • Brian- there's funding and there's results. Is the savings the sustainability? • Marc- Have we reoriented the providers? • Brian- If it doesn't generate its own cash it's an unfunded mandate. • Marc- Can we demonstrate to CMS- much more part of Medicaid delivery and funding system. Along the way, we want to apply that metric. We don't want to get to the end and have the money dry up. • Eddie. Particularly vulnerable where there's no money right now. If we develop new things that cannot support themselves and the provider community has not shifted toward value-based services. • Marc- Moving from encounter-based reimbursement to value-based purchasing. The focus is you have to care for your population. It's conceivable that caring for your population is partly	

clinical and partly social. If they realize that investing in supportive housing reduces the revolving door to the ED, they might want to invest.

- Brian: Assuming that the Medicaid system pays in a value-based way.
- Marc: WA state value-based purchasing framework slide- Introducing many more incentives. Our role as an ACH is to create movement within our provider community. This is a big deal to CMS- wants to see the provider community move to value-based payment over the next 5 years by 2021 to where 90% of those payments are recognized as value-based payment.
- John: Secretary Burwell made comments last year that when she was addressing a group of 3rd party insurance providers. Her plan was more fast-paced. All of these are aspirational which may throw a curve-ball into all this. Old enough to remember DRGs? Other 3rd party players quickly followed. Where do you put the 3rd party players? If we have 2 different payment systems this becomes incredibly problematic.
    - Marc- I believe that that 3rd party is at the table. HCA is a big fish in the payer pond & has influence. There is strong collaboration between HCA leadership (Dorothy Teeter works closely with) & WHA. On the public benefits site- 2 ACOs- purchase care through 2 ACOs in the Puget Sound region. Believe that the managed care plans don't want to be dealing with different sets of expectations so they want alignment. Important to pay attention to metrics. Marc does see alignment.
    - Caitlin- When we're thinking about our projects, try to design them in a way that VBPs can pay for. That will make it successful. Start at the end and work our way back. In some regions, certain areas don't work with the Medicaid population. Here we'll be working with almost every provider in this region and we could be really successful. This is the kind of utilization we'll be expecting. Let's set up the right rates for the MCOs to pass.
    - Brian- Marc you've seen our RHIP framework. Do you think it's better for us to stay big at 11 initiatives or better to focus it? Are we in alignment with other regions?
        - Marc- I think GCACH is well-positioned. The kind of thinking GCACH has already put into this and puts us in a good position. Probably would suggest a bias toward a smaller collection of projects. Remember that a project could

	involve a vast number of providers- the way in which you carry that out across a large region and with many sectors gives it a lot of reach. Does help in terms of demonstrating what the art of the possible is as an ACH. You wouldn't want to overreach/overstretch and become too distracted to know what process to go through. How does an ACH work? How does it carry out this stuff? We may want to work with other payers and other funding sources. If we bring a resume that shows that we can bring these projects from concept to sustainability, that's a big deal. We don't want to repeat Texas' experience. But HCA doesn't want to come forward to restrict our work. This should be a dialogue. • Since negotiations with CMS are about the amount. Probably not going to be $3 billion, less than that. It has to be meaningful enough to HCA to do this. Aware of what states have received. Then there's discussion at higher levels. • What's the denominator? What do we spend on HC all payers?	
Director's Report (Carol Moser & Aisling Fernandez)	• For the sake of time, the Director's Report is easily read. The big news is that the data dashboard is live! If the Directors would like access to the data dashboard, Carol can supply the information to them. • Carol met with Gilbert Plascencia and NW CPA on May 25th to review procedures and answer questions about accounting operations between NW CPA and GCACH. Staff is implementing suggested procedures as recommended by Alegria including tracking time spent on GCACH & BFCHA activities. • There needs to be a period of time when all financial transactions stop in order to have a static period to determine a bank balance, but there are some outstanding payments to Deb Gauck, and she is sitting on funds from YVCF. We have $100,000 that needs to go to the bank. Would really appreciate it if this Board makes some decisions today about where to place these funds. • It was already approved to do separate bank accounts two months ago when BFCHA and GCACH Board members met. Waiting for report from Alegría. • John- There will need to be dual-control for the bank. Two signatures. Decide who the two people will be. We should also be aware of accounting to meet the auditing requirements for OMB.	• John moved. Eddie & Brian seconded to open an account at Numerica. Motion passed.

	• Carol has prepared a bank resolution which will be used to open a new account. Jason Zaccaria (President) and Lane Savitch (Sec-Treasurer) BFCHA have signed the resolution. Needs signatures from GCACH. • Martin says to use Brian for the documents because he's the Treasurer. • Carol has worked with Numerica Credit Union in the past. There's a good deal on an 18 month CD right now if you consider 1.69% a "good deal." Numerica has branches in Yakima and also 3 branches in the Tri-Cities. Numerica pays some interest, and are strong community supporters. They are all about fundraising & having successful events. They offer more advantages for checking and savings and more benefits than a traditional bank. At WA Trust bank, there is no interest, and no personal relationship. Carol thinks we should transfer as soon as possible. • Carol sent around the banking resolution draft. She borrowed language from the fiscal sponsorship agreement. This resolution draft is required to open a bank account. • Most other ACH leads are forming 501c3s. N Central is looking at using Community Choice as their non-profit (1. recommendation from Community Choice is that N Central takes over Community Choice. 2. Cascade Choice Regional Network to become a multi-member LLC. Separate financial structure) • 501c3, LLC, public utility, these are some of the choices that we have. • We have attorney Jefferson Coulter on our Board. Technical Assistance from HCA to take us through the 501c3 process will not be provided. All the other ACHs have an attorney or hired someone or relied on a hospital or generous funder to establish their organizational structure. • Martin- My sense is that the 501c3 model is the most popular. Also because Jefferson works with us and that's his strength and he's providing the in-house support. ○ Support from John, Eddie, others on 501c3 structure. • Andrea- MCOs met as a sector. We agreed to move to calendar-year representation. Andrea will stay on the Board until the end of the year. • John- back to the finance piece. We're going to put together a bank account with Numerica with dual-control. How much is going into the account we're setting up?	

	○ Carol: We have to ask Alison Gebers, our CPA. On July 11th we'll have a better idea of the exact amount. ○ John- We should look for an investment strategy. Want to invest and have a certain amount of liquidity. We want to find out what the best practices are for non-profits. ○ Carol- I will work with the finance committee to come up with that strategy. ○ John- if we do a laddered-investment, that would help us maximize the money we have sitting there. • Board says to pay Deb. Gilbert said keep $10,000 to cover anything that comes due.	
Adjournment	• The Board of Directors meeting was adjourned around 11:30AM.	•
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, Governing Board: 12-2:30pm. • Dates: Thursday, July 28st, 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!	