Greater Columbia Accountable Community of Health

Leadership Council

Thursday, March 17th, 2016
9:00AM-1:00PM Meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	In Person: Becky Grohs, Blanche Barajas, Stein Karspeck, Martha Lanman, Delphine Bailey, Janis Luvaas, Andy Nyberg, Jefferson Coulter, Alex Howard, Carmen Bowser, Liz Whitaker, Torri Canda, Carol Moser, Karla Greene, Julie LaPierre, Ed Thornbrugh, Amy Person, Eddie Miles, Shawnie Haas, Jorge Rivera, Lena Nachand, Bertha Lopez, Efrain Quiroz, Brisa Guajardo, Melet Whinston, Kat Latet, Charlie McCary & her caregiver Called In: Brady Woodbury, Corrie Blythe, Deb Gauck	
Backbone Support	Patrick Jones, Facilitator Carol Moser, Executive Director Aisling Fernandez, Communications Coordinator Julie LaPierre, Technology Support Sue Jetter, HRSA grant writer Deb Gauck, RHIP consultant (by phone)	
Guests	Lena Nachand, Community Transformation Specialist, HCA	
Special Thanks	• Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for providing support that allows us to hold these meetings. • Thank you Patrick Jones for facilitating the meeting.	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Patrick welcomed everyone and asked everyone in the room and on the phone to introduce themselves, say if they have some Irish heritage and if they're going to do anything Irish later today (as it was St. Patrick's Day).	•
Action: Approval of Minutes	• The minutes from the February 18th, 2016 Leadership Council were approved by consensus. No comments were made so Patrick said, "The Leadership Council minutes assumed correct as written."	•
Director's Report (Carol Moser)	• Carol reviewed this month's Director's Report and she began by talking about how inspirational the characteristics of the monkey (2016 is the Chinese Year of the Monkey) have been (both those to emulate and those to avoid). These are	•

	value statements that will serve all of us in the GCACH well this year as we forge ahead through the challenges of navigating healthcare transformation. We will strive to be adaptable and be problem-solvers. We also want to think long-term and listen to each other. • In early March, there was an ACH Quarterly meeting in Seattle where we received recommendations from Health Management Associations (HMA) which is contracting with the Health Care Authority (HCA). We now know that the WA State ACHs *will* be the coordinating agencies, whereas we were unsure before. There will be several requirements and responsibilities, including that the Board of Directors will need to incorporate. HMA is prescriptive about the structure of the Board of Directors. Fortunately, we are very well positioned to become a legal entity and a coordinating entity. Carol read through the key functions of the ACH outlined in the Director's Report. The Board will need to sign a letter of understanding with potential partners to meet the needs of CMS. We have a fiscal sponsorship agreement (FSA) with the Benton-Franklin Community Health Alliance (BFCHA) Board, but the BFCHA board does not meet the test of the being the legal entity. • The State's effort is toward "delivery system transformation". Carol talked about Medicaid Waiver updates and said that we should be eligible to receive the funding (allowed by legislature). • Eddie Miles will be the new hospital sector representative for the Board of Directors! Hospitals are a very important partner.	
HRSA Sustainability Survey (Sue Jetter)	• Sue Jetter, Project Director for the HRSA Grant through PMH, presented findings from the GCACH Sustainability Survey which she implemented. This survey is a requirement of the HRSA grant. There were 24 respondents. • GCACH is strongest in the areas of Collaboration, Vision, Leadership, and Relevance/Practicality and Resource Diversification. • GCACH is less developed in Communication, Efficiency and Effectiveness.	•

	• There were four levels on a spectrum from least developed to most-developed: Pre-Awareness, then Awareness, then Interaction and finally Mastery. The majority of the responses to the questions were that the element asked about was at the level of "Interaction," the 3rd level of 4. This means we can do better with translation of know-how into initiatives. It gives us something to shoot for and to improve way the meetings are handled. Gives us some guidance.	

AIM (Analytics, Interoperability and Measurement) Webinar	• There was a discussion about the AIM Webinar that the HCA sponsored on March 11th.
	• In the next couple of weeks there will be an offer for an AIM director. They are building capacity and moving forward in a way that was a big challenge last year.
	• We are looking for ways to supplement the data and measures in the statewide core measure set with additional data on population health and social determinants of health in our GCACH region.
	  ○ Hot Spotters is an awesome example of useful information for this work. You can get down to the street address to find patterns.
	  ○ One member asked, "How do we protect information?"
	  ○ It's important to start with a pilot project, go way upstream and start from the beginning.
	  ○ If a pilot succeeds, then how do you appropriately scale it up?
	  ○ The information gathered will be de-identified, but you can think about interventions for specific households for non-emergent reasons.
	  ○ Patrick mentioned that there are data implications for everything we do in our projects.
	  ○ Carol mentioned that we do have the common measure set
	  ○ Lena said that Carol is a great resource for data because she's on the phone weekly with AIM. Lena also said you can contact her directly.
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Regional Health Improvement Plan (Deb Gauck)	• Carol introduced Deb Gauck, who has been contracted by the GCACH to shepherd the RHIP over the next few months. • Deb called in and led us through a discussion on how we are going to do the work (have the conversations) needed to develop the RHIP. Deb described that there are two parts: 1. process 2. framework • In the past few weeks leading up to the March 17th LC meeting, Deb has been working with Carol and staff, committee chairs, and our fearless facilitator. • Deb said that she would like to suggest, in order to get to the underlying themes across all five committees (also cross-county and cross-sector themes) she will take all the work (summaries of in person and phone meetings) the committees have done, "throw it into a funnel," and from there try to distill what the underlying themes are. The proposed process is that we take the work we've done so far, put it together, find underlying themes, then the themes will guide the development of the goals and strategies that comprise the RHIP. • On page 3 (Proposed RHIP Process) of the document created by Deb for the meeting that we viewed on the screen, the first circle is about data. Deb said that the Care Coordination committee looked at this data last week. • Deb described the rationale for proposing this process, which is a tweaking of the process that we've been doing so far. The end goal is to complete this process by the end of July and have it all documented as a Regional Health Improvement Plan (RHIP), a requirement from the HCA. • Eddie, a member of the BH work group, asked how we get the information from each work group into the bigger group. ○ Deb answered that ideally the distillation would happen in a larger group meeting. Because of the time pressures and capacity pressure (the LC is all volunteer), she proposes that she would do the bulk of the work, reaching out to the committee chairs, staff, etc. When we meet again in April, we	•

	will go over the underlying themes and go over everything together. She expects there will be about 5 underlying themes. • Today the idea is to approve the process. We will meet again in April for review and revisions during the LC meeting. • For Deb, everything will flow from the underlying themes. • Sue Jetter mentioned that, as a grant-writer herself, her observation is that if we identify how everything is tied back into the themes, there's a possibility for different funding that could support all five categories ACH-wide. This gives a broader lens/foundation and lends to sustainability for GCACH. If we ask for money to transportation, for example, there could be a much richer benefit to all workgroups. • Carol mentioned that these ideas are coming from the MAPP process, a well-known process. She mentioned that Deb is also a grant writer. Carol talked about the collective impact model. Using the MAPP process will also set us up well for future funding. • Becky Grohs asked about how deep we need to take our goals and strategies at the level above the funnel. • Jorge said that each priority work group still needs to work on their project proposal, such as reducing ER visits for the Care Coordination priority work group. • Patrick mentioned that there will be separate chapters in the RHIP document that will attribute work, strategies and ideas to each of the priority work groups. • Carol added that within each priority work group, there could be multiple programs, projects or efforts. • Deb said she will look through the lens of a broader base, if there's a grant opportunity. She will strive to find a common thread; social support is one example. She will look for a broad framework. This is what collective impact is, and we need to understand the underlying themes and shared goals.	

	• In Deb's document that we reviewed, there is a supplemental framework from the RWJF culture of health (Figure 2: Culture of Health Framework). We have been following the framework in Figure 1 with the County Health Rankings Model of Health. Deb suggests we use the RWJF's Culture of Health Framework in addition to the County Health Rankings model. Looking at Figure 2, we have been focusing on drivers within Action Areas 3 & 4. The Culture of Health framework adds action areas #1 and #2, which are vital for cross-sector health initiatives. Action Area #1 is huge part of health; it is the sense of community and the value of health. Action Area #2 is partnerships, cross-sector collaboration, and policies that support collaboration. Deb suggests that during the extended session today for work groups to meet, perhaps the priority work groups would consider this culture of health framework and consider some new drivers.	
Priority Workgroup Meetings (Break into small groups)	• The Leadership Council broke into 3 groups: Care Coordination, Behavioral Health & Obesity/Diabetes. Oral Health & Healthy Youth & Equitable Communities (HYEC) did not meet today. • Report out by Martha Lanman for the Diabetes and Obesity Priority Workgroup: The overarching goal of this work group is to see reduced rates of diabetes and obesity. Take frameworks on a spreadsheet and then graft them back to factors. For example, diabetes prevention program for pre-diabetics. The group talked about scalability and the importance of reaching smaller counties. They talked about specific programs including the Walking School Bus and Safe Routes to Schools. Schools receive funding for how many kids take the bus. How do we change those policies in a way that benefits the children's and communities' health? This is a policy set by OSPI at the State. Community gardens are an evidence-based program that Bill Dixon presented on several months ago. They are easily scaled! Martha proudly shared that she worked with others to take Bill's newly formed after-school task force in their town and there is a new community gardens program there. The program called Walk the Walk, Talk the Talk, See	• Aisling can share the empire health scratch cooking info with LC

	Your Doc is also a program that this workgroup would like to look at. They talked about school food and scratch cooking. They talked about Empire Health in Spokane and also about nutrition education. Carol added a story about Spokane's walking school bus program which has walking school bus leaders trained in ACEs! • Report out by Jorge for the Care Coordination work group: He said they are finally tackling tough conversations. This group will work toward nailing down what they're proposing as themes. Before this LC meeting, 5 CC volunteers did some preparation to find programs to related to ER visit reductions, readmissions or anything else that needs to be a part of the solution. They also looked for supporting social services that have a direct impact over the other two. Gives them 2 themes to work on. Now they are bringing in the experts to talk about these issues. They still need have the "drivers conversation"… "What's going to drive these numbers in the right direction?" • Report out for the Behavioral Health Work Group: Mantra, "It should be harder to do nothing," which refers to systems for physical health providers doing a warm hand-off for their patients who need BH services or vice versa. The BH workgroup also talked about "no wrong door," the "path of least resistance," and multi-directional integration as well as improving population health and well-being. This group found the Culture of Health framework helpful in their discussion: there should be a permeation of well-being awareness and a culture that values health (a shared value). A cultural imperative to look for those at risk. There should be more awareness of health care resources, more mental health first aid training. There should be a common screening tool for providers to see if someone needs BH/MH support (should select from an existing screening tool), but be careful of screening if there are no services to follow-up. Increase community awareness and destigmatize. Very important to strengthen integration (proximity of MH, addiction, and PCPs). Focus on ACEs.	

	• Deb said that she thinks this is going to be an iterative process. Send her everything the workgroups think is going to be helpful for her. She's going to go through all of the information and materials. From a population health perspective, not all of the strategies need to change the context to change default decisions to be healthy decisions.	
Adjournment	• The Leadership Council meeting was adjourned around 1 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, April 21st, 2016
	  ○ Thursday, May 19th, 2016
	  ○ 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!	