

**Greater Columbia**  
**Accountable Communities of Health**  
**Leadership Council Meeting Minutes**

Thursday, October 22nd, 2015, 9:00AM-11:30AM

[Greater Columbia Behavioral Health](#)

101 N. Edison Street, Kennewick, WA 99336



<p><b>Participants:</b></p>	<p>In person: Joyce Newsom (People for People, 211), Len Pavelka (Benton-Franklin COG), Leonor Rico (OIC), Stacy Kellogg (People for People, 211), Robin Read (Kittitas Co. Public Health), Stan Ledington (The Health Center), Sandra Suarez (YVFWC), Amy Person (BFHD), Shawnie Haas (Signal Health), Edward Miles (Memorial), Bertha Lopez (Yakima Valley Memorial Hospital), Suzy Diaz, (YUCF), Blanche Barajas (Amerigroup- WA), Leslie Stahlnecker (ESD123), Wes Luckey (TCCH), Lori Brown (SE WA Aging and Long Term Care), Deborah Gauck (Consultant), Cindy Mackay-Neorr (WSU/HSSA WFD Grant), Carla Prock (BFHD), Stein Karspeck (Richland Fire Dept.), Delphine Bailey (Columbia County Public Health), Caitlin Safford (Coordinated Care), Brisa Guajardo (CHPW), Sandra Aguilar (CCHS), Becky Grohs (Consistent Care), Rhonda Hauff (YNHS), Susan Campbell (WS Monica Donegan (Consistent Care), Verni Jogaratnam (UnitedHealthcare), Jorge Rivera (Molina Healthcare), Carmen Bowser (Catholic Charities Diocese of Yakima), Bethany Osgood (UnitedHealthcare), Daryl Edmonds (Amerigroup)</p> <p>Phone Participants: Ed Thornbrugh (Central Washington Comprehensive Mental Health), Tim Meliah (Catholic Charities of Walla Walla), Kathy O’Meara Wyman (WA Dental Service Foundation)</p>
<p><b>Backbone Support:</b></p>	<p>Dr. Patrick Jones, Eastern WA State University, Facilitator; Blake Rose, PMH; Carol Moser, BFCHA; Aisling Fernandez, BFCHA, Indira Pintak (GC ACH Communications Committee) , Julie LaPierre (GCBH)</p>
<p><b>Guests:</b></p>	<p>Lena Nachand (HCA), Erin Hertel (CCHE), Karina Aispuro (WSU Nursing Pathways)</p>
<p><b>Special Thanks:</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for letting us use your facility, morning refreshments and call-in capabilities.</li> <li><input type="checkbox"/> Thank you to HCA representative Lena Nachand for your support.</li> <li><input type="checkbox"/> Thank you Patrick Jones for facilitating the meeting.</li> </ul>
<p><b>Welcome &amp; Introductions (Patrick Jones)</b></p>	<p>Meeting began at 9AM.  Facilitator Patrick Jones, of Eastern Washington University, thanked everyone for coming to the meeting and asked each person to introduce themselves. There were self-introductions around the room and then Patrick reviewed the agenda.</p>
<p><b>Farewell to Blake</b></p>	<p>Patrick announced that Blake Rose was about to move to Utah. There were words of appreciation from Patrick, Carol and Lena. Carol presented Blake with a gift. Blake also said words of appreciation and talked about how far the GCACH has come.</p>

<p><b>Updates</b></p>	<p>MINUTES: Aisling briefly reviewed the minutes from the September Leadership Council Meeting and the minutes were approved by consensus.</p> <p>HEALTHIER WA UPDATES &amp; DISCUSSION (Blake Rose, Lena Nachand, and group comments):          Believes it's important for all GCACH participants to continue to learn how the ACH plays into what's going on at the state, regional and local levels. This is really a system, and we should apply systems thinking to these changes. ACH payment reform and practice transformation must co-exist.</p> <ol style="list-style-type: none"> <li>1. Medicaid Waiver Federal Comment Period ended. Representatives from WA State and Federal Gov are moving into negotiations.</li> <li>2. Within Medicaid Waiver, the ACHs will serve as the <i>coordinating entity</i>. We are going through steps that will show that our ACH is a responsible group to serve in this role. The Medicaid Waiver is medically focused, but it is only one slice of the pie that the GCACH will be focusing on and responsible for. Therefore, the GCACH will also keep focusing on population health &amp; prevention. Even though quite a lot of money could come the Waiver, we can't lose sight of the social determinants of health and the upstream thinking, which is what the GCACH set out to do from the beginning.</li> <li>3. With federal money, comes federal requirements and reporting. There will be budgeting and financial responsibilities issues to be worked out. How and who will manage the money, how and who will do the reporting. We are set up very well to be a coordinating entity right now. The financing and the reporting are the two additional responsibilities that would come with the GCACH becoming a coordinating entity.</li> </ol> <p>Sustainability: This is a state-wide approach and it's complex. Some thought that the shared savings will help the ACHs with sustainability. The state is putting together a work group.</p> <ol style="list-style-type: none"> <li>1. SIM grant for backbone support over the next 3 years</li> <li>2. Medicaid Waiver- 5 years to demonstrate savings</li> <li>3. Sustainability question- if there are cost/shared savings, hopefully these are reinvested. All three parts of Triple Aim need to work together for sustainability- try to keep everyone whole and shift dollars.</li> </ol> <p>Interventions: 1. Toolkit/ menu of items 2. Lots of discussion at LC and Board level for scalability and spread of programs in our ACH. Currently over 250,000 Medicaid lives in our 10 counties.          Contract with CORE in Oregon, associated with Providence, and they do research and data analytics to do real-time map of data analytics.          WA Health Alliance (WAHA) has been tasked with coming up with reporting on the measures from the State's 52 measure set developed by the Performance Measures Coordinating Committee which are mostly clinical. We have these 52 measures. The ACHs are also asking for measures that are more population health focused. We need to know cost per Medicaid and total per capita cost of care. We will be aligning our measures with the State measures.</p>
<p><b>PRIORITY GROUP WORK:</b></p>	<p>We broke up into 4 groups: Care Coordination, Behavioral Health, Obesity/Diabetes, Healthy Youth &amp; Equitable Communities</p> <p>Priority Group Report Out:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CARE COORDINATION SUMMARY (Report by Carol): Jorge will be the chair. Have not yet determined what meeting schedule will be. What's going well: Utilization of transitional case management from hospital, health home or ED use. Education works if you go upstream teaching people how to use health care system. Access to care is a critical component. Need to apply right care coordination to right group at the right time. There are generational habits precluding people from understanding how to use the system in the right way. Want to look at two measures: avoidable ED visits and readmission rates to compare them against the template. There are many programs that are missing from the template.</li> <li><input type="checkbox"/> HEALTHY YOUTH &amp; EQUITABLE COMMUNITIES SUMMARY (Report by Cindy): Now called Health Youth and Equitable Community Workgroup. Discussed very upstream thinking supporting equitable access to health care. Top focuses of this group will be to identify services and resources within this work group and later within the whole LC followed by resources in the entire region. Then will be cataloging programs to look for gaps that exist. Long-term measurable goal will be to look at HS graduation rates and all of the factors leading up to that. Would like to meet once a month. Would be nice if LC met every other month. This group could meet more frequently if need be. 211 is a resource in our area. Healthy Youth Survey has lots of data.</li> <li><input type="checkbox"/> DIABETES/OBESITY SUMMARY (Report by Aisling): Bertha Lopez will be the chair of this Priority Workgroup. The charter is to identify interventions that can impact diabetes management that is community-centric throughout the region. The group hopes to meet frequently,</li> </ul>

	<p>depending on the schedule of the LC. Ideally once per month before the LC meeting. Other communication will include emails to share resources and generate ideas between meetings. Barriers to implementation are costs to offer classes, measuring success and effectiveness. Measures being collected: A1C weight, ED use, fruit intake, blood pressure.</p> <ul style="list-style-type: none"> <li>□ BEHAVIORAL HEALTH SUMMARY (Report by Rhonda): Charter is to incorporate behavioral health throughout the region, inclusive of primary care, mental health and substance abuse. The group believes that we have further to go with substance abuse integration, specifically having to do with confidentiality rules. Hopefully there will be changes around confidentiality with substance abuse providers to further this work. Do monthly meeting and will meet more often if there are specific goals and deadlines. Issues: general shortage of health providers for BH and for SA. 42 CFR prevents sharing information. Programs that are working well: Examples: Residential programs for adults and kids. Primary care integration care available in those settings. In patient MH and hand off to primary care. HIE technology challenges. Many are collecting measures SBIRT and PHQ-9 and these are good measures to continue with. Compass program and UW is a promising practice. Among the 7 measures, readmission rates and adult access to care would be good measures. In place of the 14 or more days of mental health measure, this group recommends using SBIRT, PHQ-2, and PHQ-9.</li> </ul> <p>Workgroup is very important, so Blake, Jorge and others suggest spending the majority of the time on November 19<sup>th</sup> in Priority Workgroups.</p> <p>Communications: The BFCHA is already consumed with internal communications, so Indra will take on external communications. Communications have to be in proposal for ACH designation and there's a desire to reach out across the entire region. Key messages need to be agreed up related to priority areas and using the collective impact model. Examples of communications: electronic newsletter, bulletins, FB, website, fundraising events, expert articles, etc.</p> <p>Adjournment at approximately noon.</p>
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<p><b>Announcements:</b></p>	<ul style="list-style-type: none"> <li>□ MARK YOUR CALENDARS for the next GCACH meetings: Thursday, November 19 and December 15<sup>th</sup>, 2015 <ul style="list-style-type: none"> <li>○ Location: Greater Columbia Behavioral Health, 101 N Edison St, Kennewick</li> <li>○ Time: Leadership Council: 9-11:30; Governing Board: 12-2:30 (working lunch)</li> </ul> </li> <li>□ 2016 dates will be decided upon soon</li> </ul>
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