Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

Board of Directors Retreat

Meeting Minutes

April 25, 2019 | 12:00 pm – 3:30 pm

Courtyard by Marriott Richland Columbia Point | 480 Columbia Point Drive, Richland, WA 99352

ATTENDANCE	
Board Members (*: called in):	Martha Lanman (Public Health Sector, Vice President) Brian Gibbons (Healthcare Providers Sector, Treasurer) Ronni Batchelor (Consumer Sector) Susan Grindle (Social Services Sector) Dan Ferguson* (Workforce Development Sector) Darlene Darnell (Community-Based Organizations (CBOs) & Faith-Based Organizations (FBOs)) Julie Petersen* (Hospital Sector) Sandra Suarez (Federally Qualified Health Centers (FQHCs) Sector) Dana Oatis (Behavioral Health Sector) Carrie Green (Philanthropy Sector) Ruben Alvarado (Local Government Sector) Eric Nilson (Public Safety Sector) Jorge Rivera (Managed Care Organization (MCO) Sector)
Guests (*: called in):	Dan Vizzini*, Chris Kelleher
Staff/Facilitator	Carol Moser, Wes Luckey, Becky Kolln, Rubén Peralta, Lauren Johnson, Diane Halo, Martin Sánchez, Sam Werdel, Rachael Guess
Welcome & Introductions:	• Carol began the meeting by introducing the purpose of the meeting; to discuss sustainability. The GCACH is about 3 years into the Demonstration Project. The purpose of the meeting is to take the Board of Directors through different options that the Board may want to consider moving forward, at the end of the Demonstration Project. • Brian Gibbons, GCACH Board Treasurer, facilitated the meeting.

	• Quorum was met with a total of 13 members present (or calling in) to start the meeting.	
MINUTES		**MOTIONS**
Consent Calendar (Brian Gibbons):	• 3/21/19 Meeting Minutes were accepted by the Board members who had previously reviewed them. There was no discussion.	• Motion by Sandra Suarez to approve the Consent Calendar, which included the March 21, 2019 Board minutes. Seconded by Ronni Batchelor. Motion passed.
ACTION ITEMS		**MOTIONS**
Year-to-Date (YTD) & March Financial Reports (Becky Kolln):	• Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Financial Reports, which included: 1. Balance Sheet 2. Budget vs. Actuals 3. March 2019 Statement of Activity • Financials of note: 1. The Budget vs. Actuals spreadsheets shows that: a. GCACH has $150,000 in Yakima Valley Foundation funds. b. The Design Money (now called Operations Budget) is $2.7 million for 2019. c. DSRIP Incentive Funding is in the portal and ready to be allocated to providers. d. The Numerica Money Market account holds all of GCACH's operating money.	• Motion by Darlene Darnell to accept the March financial reports as presented, which included the Balance Sheet, the Budget vs. Actuals, and the March 2019 Statement of Activity. Seconded by Jorge Rivera. Motion passed.
DISCUSSION ITEMS		
Medicaid Transformation Project Funds Flow Projections Through 2023 (Carol Moser and Dan Vizzini):	• Carol introduced the Medicaid Transformation Project Funds Flow Projects through 2023 presentation. This presentation gives the Board members a high overview of the projections of funds flow through the Medicaid Transformation Demonstration project. Throughout the presentation, the "share" column represents the percentage of the total budget that is being allocated towards that specific project/activity. The purpose of including the share column is to show Board members what percentage of the overall requirements side of the financial plan each activity represents. • As far as we can project, (and this is a conservative estimate with P4P at 25%) will be receiving $71,000,000 in total earned revenue. The table outlined shows projected Earned Revenues:	

Revenue Sources	Earnings Rate	Share	Projected Total
Project Plan Incentive Award	100%	20%	$14,424,000
Pay-for-Reporting Incentives	100%	60%	$42,289,500
Pay-for-Performance Incentives	25%	5%	$3,813,600
Integrated Care Incentives	100%	15%	$10,182,600
Total Earned Revenue		100%	$70,709,700

- The next slide talked about how the funds are divided into the use categories that are on the dashboard. GCACH is doing it a bit differently as we have chosen to implement the Patient-Centered Medical Home (PCMH) model of care instead of managing programs:

Projects and Activities	Share	Total
Payments to PCMH and Integration Partners	55%	$36,891,613
Health Systems and Community Capacity Building	17%	$11,103,802
Targeted Projects and Initiatives	9%	$6,120,400
Administration and Project Management	13%	$8,828,830
Contingency and Reserve	6%	$3,864,667
Total Program Requirements	100%	$66,809,311

- The next slide outlined the Payments to Partners:

Projects and Activities	Share	Total
Project Engagement, Participation & Implementation	15%	$10,170,000
Provider Performance & Quality Incentive Payment	9%	$5,912,279
Scale and Sustain Allowances	10%	$6,840,000
Behavioral Health Integration	14%	$9,042,435
Project Incentives	7%	$4,926,899
Total Payments to Partners	55%	$36,891,613

- Health Systems & Community Capacity Building funds represent investments in population health management systems, workforce development, value-based payment technical assistance, training and education for the Providers (Learning Collaboratives):

Projects and Activities	Share	Total
Fiscal Stability Through Value Based Pmts (VBP)	8%	$5,419,589
Population Health Mgmt/Contract Assmt	3%	$1,970,762
Workforce Training	4%	$2,463,452
Learning Collaboratives and Training Contracts	2%	$1,250,000
Total Health Systems & Community Capacity Building	17%	$11,103,802

- Targeted projects and initiatives expand the use categories a bit further:

Projects and Activities	Share	Total
Community Health Fund (2 @ $1.395M)	4%	$2,790,400
Regional Campaigns (2 @ $600K)	2%	$1,200,000
Opioid Networks (5 ORNs @ $300K)	2%	$1,500,000
Health Commons for the ORNs (7 @ $90K)	1%	$630,000
Total Targeted Projects and Initiatives	9%	$6,120,400

- Projected Cash Flows at year end:

Year	Beginning Balance	Plus: Earned Revenues	Minus: Project Requirements	Ending Balance
2018	$0	$29,909,100	$5,551,435	$24,357,665
2019	$24,357,665	$23,146,250	$22,962,986	$24,540,929
2020	$24,540,929	$8,911,000	$13,996,560	$19,455,370
2021	$19,455,370	$5,045,100	$14,572,523	$9,927,946
2022	$9,927,946	$2,464,850	$7,362,239	$5,030,557
2023	$5,030,557	$1,233,400	$2,363,569	$3,900,389

If the providers do better than expected in the Pay-for-Performance metrics, the remaining balance could rise.

- This model assumes an additional one or two cohorts beyond what we have right now. It assumes that we will have sustainable funding for those in the first cohort to continue on through year two.

	• GCACH would like to pick up a few providers that we didn't fund in the first cohort: Trios, Whitman Medical, Tri-State, Palouse River Counseling, and Blue Mountain Counseling. As well as additional provider in Yakima including Mid-Valley and Swofford and Halma.

Long-Term Goals for the Region and the ACH Initial Brainstorm Session (Chris Kelleher):	• Chris began the sustainability discussion by level setting: What's the Board's vision for GCACH after the transformation project?
	• GCACH's Value Proposition:
	  ○ GCACH is the single point of accountability for the Medicaid Waiver
	  ○ GCACH tackles complex problems through Collective Impact Model
	  ○ GCACH incentivizes healthcare delivery change through data and PCMH
	  ○ GCACH activates and engages the local community by organizing, convening and disseminating timely information, data and funding
	• What changes do we want to see within our provider organizations?
	  ○ (Brian) Provider organizations stitched together; PCPs and specialists, better care coordination (by 2031)
	  ○ Partnerships across the board increased collaboration and use strengths (by 2040)
	  ○ (Dana) Behavioral health and PCPs cross-integration, even internally; co-location, communication flow, access to providers quickly when needed, referral and wraparound services, continued coordination (by 2023)
	  ○ (Ruben) Cross-sector collaboration; evaluate then expand (by 2023)
	  ○ (Eric) Information management tied to actions; getting information from EMS to providers and provider to provider to create awareness of certain illnesses/previous encounters before prescribing also known as: trip wires. For example, pharmacy coordination (by 2023)
	  ○ (Sandra) Telehealth expansion and mobile health; flexibility in care, delivery and access, better billing, transportation, close "arrangement" gaps (by 2031)
	  ○ Array of services broadened and expanded (by 2040)
	  ○ (Susan) Meeting people where they need; care coordination and case management/CHWs, partnering in care management and peer supports, more emphasis on team-based education in behavioral health, primary care, pharmacy, EMS, dental, etc. (by 2023)
	  ○ (Jorge) Lower total cost of care; transparency, cost bands (by 2040)
	• What changes do we want to see in health equity and the social determinants of health?
	  ○ (Susan) More beyond the concept to practice; tools, top of mind, integrate with provider organizations (by 2023)
	  ○ (Ronni) Community engagement and leadership; CHWs (by 2023/2031)
	  ○ (Ronni) Public spaces, services, supportive housing (by 2023)

	○ (Ruben) Accountability for counties and jurisdictions for addressing social determinants of health (e.g. ratings) (by 2031) ○ (Darlene) Affordable housing (by 2031) ○ (Susan) Incentives for all key players; more incentive than the alternatives, real cost and incentives (by 2031) • What changes do we want to see in the region as a whole? ○ (Ronni) Community engagement and education; leaders understand connections between social determinants of health, homelessness, and ED utilization (by 2023) ○ (Martha) Primary prevention and treatment moving upstream (by 2023)	
GCACH Sustainability Discussion	• After discussion, the GCACH Board suggests that the ACH turns into a Center of Excellence (CoE) at the end of the Medicaid Transformation Project (MTP) and implement a fee-for-service model. The CoE could be local to the Tri-Cities or offer services in other locations. • CoE is a body in an organization that works across business units (BUs) or product lines within a BU and had a leading-edge knowledge and competency in that area. It is comprised of highly-skilled individuals and experts, who disseminate knowledge in an organization and share best practices. The literal meaning of a Center of Excellence is – 'A place where the highest standards are maintained.' • The CoE will specialize in lines of business. GCACH will be able to build on subjects that we are doing well in, and expand further after the completion of the MTP (for example care coordination and Practice Transformation). • The consulting model includes flexible lines of business and staffing. Focus areas include: ○ Convening sectors with a purposed ▪ Social Determinants of Health ○ Connecting and coordinating ○ Providing expertise ▪ Service provider • At the completion of the MTP, the GCACH Board of Directors will sunset. • With approval from the Board of Directors, Dan Vizzini suggested using the $3,000,000 left over at the end of the MTP to kick-start the CoE.	
ADJOURNMENT		
Adjournment:	• Meeting adjourned at 3:33 p.m. Minutes taken by Lauren Johnson.	• Motion by Darlene Darnell to adjourn the meeting. Seconded by Sandra Suarez. Motion passed.

Thank you for your time and engagement with Greater Columbia Accountable Community of Health!

The 2019 Board meetings listed below will be in the Tri-Cities Community Health Board Room, at 800 W. Court St. Pasco, WA 99301, from 12:30-3:00 p.m. on the following dates:

Thursday, May 16th June Meeting Cancelled Thursday, July 18th Thursday, August 15th Thursday, September 19th
Thursday, October 17th Thursday, November 21st Thursday, December 19th