

Governing Board Meeting   
January 7, 2019 1:00 – 3:30 AM

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| **Location** | **Attendees** |
| **CTC, Wenatchee** | **Board Members in person:** Barry Kling, Rick Hourigan, Blake Edwards, Rosalinda Kibby, Doug Wilson, Scott Graham, David Olson, Courtney Ward, Brooklyn Holton, Bruce Buckles  **Board Members via phone:** Senator Warnick, Nancy Nash Mendez, Molly Morris, Ray Eickmeyer, Mike Beaver, Carlene Anders, Kyle Kellum  **Board Members Absent:** Michelle Price  **Public Attendance in person:** Kris Davis, Shirley Wilbur, Rachael Petro, Tessa Timmons, Jill Thompson, Renee Hunter, Kathleen O’Connor, Amelia Davis, Kelsey Gust, Teresa Mata, Deb Miller, Paige Bartholomew, Loretta Stover, Carrie Gavin  **Public Attendance via phone:** Joel Hobson, Mike Warren, Gwen Cox, Laurel Lee, Tracy Miller, Becky Corson, Natalie Christopherson, Laina Mitchell, Jerry Perez  **NCACH Staff:** Linda Parlette, John Schapman, Wendy Brzezny, Caroline Tillier, Christal Eshelman, Sahara Suval, Tanya Gleason, Teresa Davis – Minutes |
| **Agenda Item** | **Minutes** |
| Welcome & Roll Call | * No Conflicts of Interest Disclosed * Agenda Accepted * Public Comment: None |
| Approval of December Minutes | * **Rick Hourigan moved, Brooklyn Holton seconded the motion to approve the minutes from the December meeting. Correction: Deb Miller listed as attending twice, Teresa will correct, minutes approved with the correction.** |
| Executive Director’s Update | * Spoke in front of the House Healthcare Committee, discussion still happening around the future of the ACH’s. * HCA made a mistake and over paid some of the rural health care clinics – Lead contact will be Mike Steele * Met with the Colville Confederated Tribes. Gave a detailed document about how to be involved with the NCACH, we have not heard back from them. We continue to develop the relationship. * john powell has been secured as the keynote speaker for our April 12th Summit. We have budgeted $22,645 for the Summit. We also have $20,000 from the SIM grant to use toward health equity, some of which we can also use toward this. * Board Retreat January 25th at Columbia Valley Community Health – will review pay for performance measures. * Teresa will send a save the date to the Board for the Summit on April 12th.   Barry brought up that we need to start having discussion about the ACH continuing beyond 2021. Courtney noted that if sustainability is not discussed at this retreat, it should be discussed soon.  In December, Senator Parlette had tasked the MCO’s to go back and discuss what they would like to see from the ACH in 2019.  The MCO’s have put that on their radar.  Linda also noted that the MCO’s did a presentation on Value Based Purchasing in King County. The three MCO’s in our region have offered to do a similar presentation.  The Board agreed that they would like that presentation in the future. |
| Treasurer’s Report | Brooklyn went through the monthly financial report, she does not see any concerns. SIM funds will be done at the end of January (which Barry noted is the end of the fiscal year for the SIM Grant). |
| WPCC Update   * Approval of Qualis Contract | * Change plans are coming in, after scoring they will be able to look at shared measures within organizations and be able to arrange some shared collaboration. * Practice Facilitators – Have been interviewing candidates, hoping to share more information in February. * During the WPCC meeting today, the partners expressed the need for more data and how they are going to pull data. There is a need for more HIT IT support. We would like for Qualis to provide this TA to our coaches as needed. This is an up to an amount that will be closely monitored by Wendy. * ***Bruce Buckles moved, Scott Graham seconded the motion to approve an increase of $116,425 to the current 2019 budget amount allocated to the Qualis Health contract to include contracting for HIT technical assistance. This will bring the total budgeted amount for the Qualis Health contract to a maximum (up to) amount of $215,710 in 2019. Motion passed, Opposed – David Olson & Rick Hourigan***   Discussion:  Rick asked if this is the correct way to get the data, what about MCO’s? We will also have some peer for peer learning as well, Wendy will always look for that option before reaching out to use the Qualis hours. There are 11 different EHR’S being used in the region, it would be impossible to find one practice facilitator that would know all of the systems and be able to coach as well. Linda noted that the contract for Qualis with the state ends and we felt that we should get in line, in case we need it. Scott suggested creating a manual to have a history of the training, due to turnover in facilities. Wendy, said that we can task our facilitators with making this manual. Organizations don’t use the same language as the vendors, so this TA will be able to help them. Bruce noted that Qualis has been a privilege to work with and strongly supports the effort to work with them. David wonders if partners that are taking advantage of this help, can use some of their money to help offset the cost of this so that they have skin in the game. Barry replied by saying they already have skin in the game and the organizations that need the help are generally the ones that do not have the resources as well. Barry noted that access to the TA will be filtered by Wendy and she will be making sure that there is not already somebody in the region that can help. This TA will be on the back end of the IT and will help the organizations build reports. |
| CHI Update   * CHI Advisory Group Charter * Updated CHI Charter | In December the Board approved the framework for the funding for the CHI’s in 2019. Sahara has been working with OHSU to develop a process. They have recommended that the CHI’s create an Advisory Group. The ACH staff along with OHSU would be creating the product and the advisory group would be advising on the work.  Sahara presented a track changes document changing the language on the current CHI Charter. Brooklyn noted that we need to call out what the leadership council is doing that is different from CHI Membership.   * ***Brooklyn Holton moved, Rick Hourigan seconded the motion to approve the formation of the 2019 Community Initiatives Advisory Group and the Advisory Group Charter, discussion below, motion passed.*** * ***Brooklyn Holton moved, Rosalinda Kibby seconded the motion to approve the proposed updates to the CHI Charter Member Agreement, with the added CHI Leadership Council Member Agreement (Attachment B). \*Addition of MCO’s to the composition section of the CHI membership, motion passed.***   CHI Advisory Group Discussion:   * Is this a finite group, will it sunset? That is how Sahara sees it, but may need to reconvene at a later date if needed. Charter shows the membership term as 1 year, but the bulk of the work will be at the beginning of the year. * Example of a conflict that we are trying to avoid: We want them to be able to apply for the funding. * Barry noted that the biggest challenge for CHI’s is participation. Skeptical that adding another set of meetings will create more engagement? Brooklyn noted that they already have people interested in participating on this group. * Ray agreed that the CHI Advisory Group is the way to go based on his history with the EMS groups. * Renee Hunter is on the CHI Leadership Council, attendance is iffy and tends to be heavy Chelan Douglas. If decisions are made by the leadership council it would have more of a Chelan Douglas influence. * Who appoints the membership to the advisory group? It has been voluntary. MCO’s are a good candidate for the advisory group since they would not be applying for funding.   CHI Charter Discussion:   * Why were MCO’s omitted from the CHI Charter – they are not excluded, just not listed, we can add them. * Added language around the funding that was allocated in 2018 * Added attachment B – Leadership Council * ***Teresa will add minutes for the last 3 CHI meetings to Board Packet in February.*** |
| Pathways HUB Update | * Deb Miller gave an update on the Pathways Community HUB, there is a written report in the meeting packet. * Challenge continues to be locating these people. * Samaritan is doing manual referrals until they get their new EHR. * Working on a grid to increase outreach and engagement. Also working on getting a promo out into the community for the HUB. * Deb will get some more clarification on the numbers around housing * Next step is to go to the Primary Care. * Looking into a text to refer system. * Working with other ACH’s that are launching to standardize the processes. * Working with EDie to get a report of ED utilization by Zip Code to see if we are planning the roll out strategically. * Next training for Pathways Community Specialist starts Feb 18th, will be trained and ready to receive referrals by April 15th. Deb is still negotiating the price. |
| Other Staff Updates | **Opioid Workgroup (Christal)** –   * Rapid Cycle Applications - MOU’s have been executed and funding distributed. Last rapid cycle application period has ended and she is gathering reports. * Opioid Awareness Campaign RFP – 8 applications, in the process of selecting 1, will be announced later this month. * NC Opioid Response Conference – March 15th, theme: Pathways to Prevention, have one Keynote Speaker confirmed. Targeting High School students and community leadership to come up with action plans. * Dental Prescribing Workshop – Working with L & I and the Bree Collaborative - planning this in late April or early May depending on speaker availability. There is a new rule around prescription monitoring that starts this year and all providers will have a CE requirement. Rick suggested opening this portion up to all providers as they all have the requirement for the CE credits. * Narcan distribution $20,000 allocation. Workgroup has developed procedures for distributing Narcan out to non-profit organizations to train and distribute. Board agreed that these procedures do not need to be approved by the Board, but they do want to see a report back of how the funding was disbursed. * Suggested to supply the ED’s with a coupon system for patients to take the coupon to pharmacies and get a free box.   **FIMC Update (Christal)** –   * OK County transitioned on January 1st, weekly rapid response calls – no issues. Crisis line transition went very well. Early Warning System monitoring calls will start in February to identify any payment or crisis issues.   **CPTS Update (Christal)** –   * Moving to quarterly meetings. Looking into coordinating with the CHI’s. Next meeting is March 20th in Omak.   **TCDI Workgroup (John)** –   * TCDI workgroup met on 12/20 – Meetings will be every other month. 50% of meetings will focus on hospital partners, other 50% will be focusing on goals of the next year. * Will be exploring: Medical Respite Programs, Advanced Care Planning, and Care Coordination Intersections across the region. * EMS signed agreement with NCECC and are moving forward. Will be submitting quarterly reports. * Transitional care management training started today at Confluence Health. Mid Valley staff is there today training. Will develop an educational series based on what we learn from this training. * 3 hospitals looking at integrating the Collective Medical Platform (EDie) into their ED electronic health records system. Also have 5 orgs signed up for training with Collective Medical Technology on integrating EDie into the workflow in their ED. * **Data Update (Caroline)** – Last meeting shared the P4P dashboard. Will be the focus on the January 25th retreat. She is working to make sure that she is addressing any questions that we have. Doug suggested patient attribution. * **Capacity Building (Tanya)** – Tanya gave an overview of what she has been working on. She has been exploring current resources and work going on in the communities. She has been having a lot of conversations to build trust. Has been working with the CHI’s. She has taken over the Asset Inventory project. Also is the point person for the Foundational Community Supports (Initiative 3) and is currently connecting the dots around the program. Continues to encourage organizations to come to her with grant and funding needs. |
|  | What would you like to see changed with the Board in the next year?   * Barry – Wants more time to hear about actual projects to gain more of an understanding * Rick – Focus on sustainability * Doug – Continue to meet the needs of all organizations. * Rosalinda – Sustainability * Scott – Reduce the acronyms – create a glossary * David - Staff evaluation of the Board. Come up with a way to benchmark ourselves so that we know how we compare to counterparts. * Senator Warnick – Acronyms list, starts session next week, please let her know if there is anything she can do to help from Olympia. * Bruce - Handed a copy of the constitution * Nancy – Store acronym list to Board agenda (add to template for Board Agenda) * Courtney – Expanding the HUB into other populations. There are other opportunities that this Board may have to better help direct how integrated care occurs in this region. Linda said that there is an RCW that says an inter-local government agency lead by the counties needs to be created – Linda will be working on this. Courtney requested that Linda send RCW to her. * Molly - Hopes that 2019 brings the tribes to the table or we go to their table. Rural Resources is opening an office in Inchelium. The best way we can work with the tribe at the moment is through the Okanogan CHI. Molly will assist any way she can. * Ray – Sustainability * Brooklyn – Would like to hear from the Board members how the work that the ACH is working in their sector/organization. |